fter death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had

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may be regimed by the haspital of direnging physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by The attending physician and campletely filled the funeral	plnor	the State Board of Health priar to burial, cremation, ar removal removal in any event, within 72 hours after death.	4	-	
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		10574		CERTIF	ICAT	E OF DEA	TH			1	UJ.	וונ
1.	PLACE OF DEATH	nce George	1 _S	MARY	LAND	2. USUAL RESIDENCE a. STATE	(Where decease	ed lived. If institution b. COUNTY			eorg	
	b. CITY OR TOWN (If RURAL ond give nee Cheverly	arest tawn)		c. LENGTH OF STAY 2 day s		c. CITY OR TOWN		orate limits, write R	URAL and	give ne		
	d. NAME OF HOSPITA OR INSTITUTION Prince Ge	AL (If not in hospitol, google some some some some some some some som		oddress)		d. STREET ADDRES		Rd.	1			IDENCE FARM?
	NAME OF DECEASED (Type or print)	Fii Gra		Mary Middle		hrendt	4. DATE OF DEATI	Mon Septe	ember			Year 1960
	Female	White	WIDOW		• 🗆	11-1-04		9. AGE (In years lastrointhday) yrs.	Manths	Days	Hours	Min.
	Housewi	ing life, even if retired	dane 10b.	Own Home	OR INDUST	New Yo	ork _	cauntry)		U.S.		OUNTRY?
	FATHER'S NAME	wick.	Son	nick		14. MOTHER'S MAID	Alph	a Ki	nd			
(Ye	WAS DECEASED EVER	RIN U. S. ARMED FOR If yes, give war or dates of :		SOCIAL SECURITY NO		Winifred	d Covell	Upper l	ess Jarlb	oro,	Md.	
	The state of the s	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for fa), (b), and (c).	les	ed Care	i'wo le	ahis			ERVAL BE SET AND	
	Canditians, if or gave rise to it couse (a), stating t	nmediote ()	Carcin	iou	en of the	eo our	ary		/	less	
ICATION	lying cause last.) (CONTRIBUTING TO DE				H-FE-X	VEN IN PA	RT 1(a)	PERFC	AUTOPSY PRIMED?
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature af inju	ry in Part I ar Po	ort II of item 1B.)	6			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Doy, Ye	ar 20d, 1 While at war	NJURY OCCURRED Nat while t ot wark		CE OF INJURY (Hame, ary, street, office bldg		ity ar town)		(Caunty)		(State)
	21. I certify tha saw the deceas 220. SIGNATURE	6	attend L	ded the deceased	I that de	ath accurred at	MED	n the causes ar			stated	we) last dabave. b. DATE SIGNED
	220 PHYSICIAN'S NAME (Type)	S,FLE	1500	HER		D. PHYS. D	DIRECTOR L	CHAPEL	RI	14/	tu su	1664
23	REMOVAL (Specify)	N, 23b. DATE THERE	DF 27198	23c. NAME OF CEM	LEY OR	CREMATORY (2011).	23d. LOC	ATION (City, tawn,	ar county	ller	(Stot	nel
24.	FUNERAL DIRECTOR	S SIGNATURE There	Hos	ne Wel	los	1/2/	REC'D BY REGI		ISTRAR'S			,

HIASO TO STADIFFASO ate appel south. Amely we a letter of the second . bu mode mives from The Committee of the state of t A little of Facility in uptility Elizabeth and Elizabeth and PROBLEM SERVED STORY STORY OF THE PROBLEMS OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ... MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) Prince George's b. COUNTY Prince George's MARALLIA Md. MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cheverly District Heights D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? &PR Prince George's Gen. Hosp. 7619 Atwood Street YES TO NO DE registror NAME OF 4. DATE Middle Month OF 19 60 ROBERT ALKTRE Sept. TEE (Type or print) 9. AGE In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 22 Oct 1939 Male White Months WIDOWED | DIVORCED | yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Plumbers Helper U.S.A. Plumbing West Va. pe Poges 1, 2, age 5 moy 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Earl Alkire Leota Quickle Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address File NO. Give Joan Quickle (Aunt) Same as # Unk. PM3. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: e olong with form o buriol-transit per IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. pending in ner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY So PERFORMED? YES NO M 20g. EXTERNAL CAUSE WAS PRIMARY STORY CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item)B.) 3 should 20d/INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) While Not while doctory, estreet, office bldg., etc.) 24 4 7 97 20c. TIME OF INJURY Month, Day, Year (County) (State) Hour ## 9 Not while Medical Rt.# 197 Wear Laurel Md. 1960 at work at work to the Chief Media 21. I certify that I took charge of the remains described above, held on Aurapsy , Inspection , Inquiry , and find that death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER O FUNERAL ASSISTANT MEDICAL EXAMINER Dayton O. Watkins **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) forward cute th 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or saunly) (State) REMOVAL (Specifyl) Waves-Weaver-

Hyattsville. Md.

24b. REGISTRAR'S SIGNATURE

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24a, REC'D BY REGISTRAR

DATE OCT 4

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VS. A15ME(S) SM 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

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Let by the haspital or attending physician. It is a second or attending physician by the haspital or attending physician.

IRECTOR: After this certificate has been signed by the attending physician and campletely filled in bit is detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and arrior to burial, cremation, ar remayal, and the avent within 72 haurs after death. the registror prior to burial, cremation, ar remaval,

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1. PLACE OF DEATH o. COUNTY Prin	ce George	MARYLAND	O STATE	ESIDENCE (WH Maryl		ived. If institution b. COUNTY	Pr. Ge		sion)
b. CITY OR TOWN (If outsic RURAL ond give neorest t Hillcrest	own)	e c. LENGTH OF STAY IN 15	CITY O		est He	te limits, write Ri	URAL ond give	nearest town	n)
d. NAME OF HOSPITAL (IF OR INSTITUTION 260	7-Gaither		d. STREE	T ADDRESS	-Gaithe		S.E.		FARM?
3. NAME OF DECEASED (Type or print)	MARIE MARIE	Middle J•	AL	Lost LEN	4. DATE OF DEATH	Sept.		,	Year 19 60
5. SEX 6. Co	9.93 4 5	ARRIED NEVER MARRIED DWED XX DIVORCED	B. DATE OF E			AGE (In years lost birthdoy) 74 yrs.	Months Do	_	ER 24 HRS. Min.
during most of working life Housewif	e, even if retired)	06. KIND OF BUSINESS OR IND Home		Vir	ginia	ntry)		USA	COUNTRY?
13. FATHER'S NAME			14. MOTH	R'S MAIDEN N	NAME				
	amin F. Jo		INFORMANT	?	Dav				
15. WAS DECEASED EVER IN U (Yes, no, or unknown) (If yes, g	ive war or dates of service)		eulah A.	Fishe	r 250	lBolto	on Rd.	, Ohio	2
Conditions, if ony, will gove rise to immed couse (o), stoting the unlying couse lost.	S CAUSED BY: DIATE CAUSE (o) DUE TO lich ote DUE TO (c)	Carcinoma Senility				CONDITION GIV	5	PERFC	ars /?
PART II. OTHER SIGNAL OF CONTRIBUTING CA	USE OF DEATH	DESCRIBE HOW INJURY OCCUR							
20c. TIME OF INJURY Mo Hour o. m. p. m.	Wh		PLACE OF INJUI foctory, street, o			r town)	(Cour	ity)	(Stote)
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REMOVAL (Specify) Burial	9-24-1960	22c. NAME OF CEMETERY Cedarville		У	Ceda	rville,	Maryla		te)
23. FUNERAL DIRECTOR'S SIGN	Wash	Good Hope Rd.,	SE		D BY REGISTRA		STRAR'S SIGNA		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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Then please remave capped papers. Pages 1 and 2 should be and in any event, within 72 hadrs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have may be refuned by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled inpage 3 shauld be detached far use as the burial-transit permit. Then please remove capbea papers. Pages 1 and the State Board at Health priar to burial, crematian, ar remayal, and in any event, within 72 haves after death.

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1. PLACE OF DEATH a. COUNTY Prince	ce George's	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryle	L	COLLETY	esidence befare ac	
b. CITY OR TOW RURAL and giv Chever	N (If outside corporate limits, write e nearest tawn)	c. LENGTH OF STAY IN 16	Forresty		its, write RURAL	and give nearest	town)
OR INSTITUTIO		et address)	d. STREET ADDRESS	t - Deed	IT STA	0	RESIDENCE ON A FARM?
Prince (George's General	•	5604 Ritch	nis Road		YE	S D NO D
3. NAME OF DECEASED (Type or print)	George	Middle Bernard (A)	lvey)Alwey	4. DATE OF DEATH	Month Sept.	28	Year 19 60
s. sex	6. COTOR OR RACE 7. MA	RRIED AND SOURCE CONTROL OF CONTR	8. DATE OF BIRTH 2/22/77	9. AGI last 83	(In years IF Ut birthday) Mor	NDER 1 YEAR IF L	JNDER 24 HRS.
10a. USUAL OCCUP	ATION (Give kind of work done 10 working life, even if retired)	b. KIND OF BUSINESS OR INDUBUTE Building		y's, Md.	12	USA	AT COUNTRY?
13. FATHER'S NAME	William Alvey		Mary K. Le				
1S. WAS DECEASED	EVER IN U. S. ARMED FORCES?		eorge E. Alve	y, 33077	Address 9th Ave	., N. Fore	stville
PART I. 42 Conditions, i gave rise to cause (o), statifying cause lo	ing the <u>under-</u> DUE TO (c)	Adenove	to Gear	t failer ans'o-	Whee	le ge	AND DEATH
CATIC	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU				PI	ERFORMED?
	ING CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Manth, Day, Year m. 20d Wh	. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, for actory, street, affice bldg., el	rm, 20f. (City or tow		(Caunty)	(Stote)
21. I certify	that (1) (this hospital) atte eased alive on 9		death occurred: 00	P.M. Fram the c	auses ond ar	1960, that in the dote sto	
NAJEBYS	VALO SFLK	ISCHER 123c. NAME OF CEMETERY	V432 60	123d. LOCATION (C	affel	Refly	De ly
23a. BURIAL, CREMA REMOVAL (Spec Burial	10/3/1960	Forest Memo.	Methodist Ch.	Forestvil	le, Pr.	Geo.Co.,	
24 EUNERAL DIRECT	or's SIGNATURE or's Co. 51711t	h St.S.E.Wash.I	DC DATE	COLF REGISTRAD	25b. REGISTRAR	R'S, SIGNATURE	

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Page 4			b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Children Chil
fa nece	00	19	d. NAME OF HOSPITAL OPPINSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 5.4. e. IS RESIDENCE ON A FARM? YES NO
eral d			3. NAME OF DECEASED PLA FIRST Middle Base Month Day Year
fun y	2	ŀ	(Type or print) 2 7
to the			FEMALE COLLED WIDOWED DIVORCED 561. 2-1901 5 9 yrs. Months Days Hours Min.
and 3			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
s 1, 2, may b			13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
Page 5	3	7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown)
ive Pe			no - White DAUCHTER same as I 2
m 18. Garmit			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) JULIANA CAUSE OF DEATH ONSET AND DEATH ONSET AND DEATH
oe execution in the with for			Conditions, if any, which (b) He her Level Cordervacule 5 your
penci penci alang			gove rise to immediate cause (o), stating the underlying cause lost. (c) Clsus
ing" in Office		5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pend			20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
NER: The he ward ical Exo			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Log PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) While Not while of work of wo
AMI Wed))		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
AL EX B, writ Chief	Š		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
AEDIC Liffcate to the			SIGNATURE Date SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
the arde	maval.		EXAMINER'S DAYTON O WATKIN DEPUTY MEDICAL EXAMINER 9-10-60
cute the forward			220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Jown, or county) (Stole)
Vs. A15MI	E(E) 0		ADDRESS SE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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ADDRESS

Hwattsville, Md.

24a. REC'D BY REGISTRAR

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. IS RESIDENC ON A FARM? YES NO T

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INTERVAL BETWEEN

PERFORMED? NO N

DATE SIGNED

(State)

24b. REGISTRAR'S SIGNATURE

Criting S. Thous

(State)

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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e. IS RESIDENCE

Year

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN DISET AND DEATH

> PERFORMED? NO [

DATE SIGNED

(Stote)

(Stote)

(County)

24b. REGISTRAR'S SIGNATURE Orthur S. Kraus

DEPUTY MEDICAL EXAMINER

DATE OCT 3

24g. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

60'6

22c. NAME OF CEMETERY, OR CREMATORY

ON A FARM? YES NO NO

19600

Rea. Dist. No.

VS.	A	154	AE:	(5)
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NAME (Type)

REMOVAL (Spe

23. FUNERAL DIRECTOR'S SIGNA

220. BURIAL, CREMATION, 22b. DATE THEREOF

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be a field by the haspital ar attending physician.

TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral directal page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event without after death.

VS A1S (4) 1SM 9/5S

	T((),4')									Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY Prir	nce George's		MAR	YLAND 2.	USUAL RESID	ENCE (W	here decease	ed lived. If in b. CO		Residen			ion)
b. CITY OR TOWN	(If autside carporate limits	, write	c. LENGTH OF STAY	Y IN 16	c. CITY OR T	OWN (If o	outside corp	orote limits, w					1)
Camp Spi	nearest town)		3 HRS 20	MTN	Washi					R. P. Y			
d. NAME OF HOSP	ITAL (If not in hospital, gi				d. STREET A	-					1	. IS RES	IDENCE
USAF Host		Ws			2331	Lyons	St.			1_			FARM?
3. NAME OF DECEASED (Type or print)	First Ralph		Middle S.	Beigh	tol loss		4. DATE OF DEATH	S	Month ept.		30		Yeor 19 60
S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR	IED B. C	ATE OF BIRTH			9. AGE (In	yeors II			-	R 24 HRS
Male	White	WIDOWE	D DIVORCE	ED 🔲	18 Nov	11		48 47	yrs.	Months	Doys	Hours	Min.
Og. USUAL OCCUPATE during most of wo OFFICER US	ION (Give kind of work dirking life, even if retired)	one 10b. I	USAF	OR INDUSTRY				country)				F WHAT	COUNTR
3. FATHER'S NAME	AT.		USAF	1	4 MOTHER'S						USA		
	Unknown												
DECEASED	ER IN U. S. ARMED FORCE	ECO 114 6	OCIAL SECURITY NO	O. 17. INFO	DECE	POED	Unkr	IOMU	Addres				
YES	If yes, give wor or dates of sei		SOCIAL SECURITY NO		CORDS				Addres	33			
IB. CAUSE OF DE	ATH [Enter only one cou	se per lin	e for (o), (b), and (c))-]			1				INTE	RVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY:	He	ente My	ocand	1 ail	ma	neti	m			CINS	T AND	2 S
Canditions, if gove rise to cause (o), stating	the under-	an	tario Sel	notic	Han	-12	15515	, 2			Ž	242	S
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-	IRY Month, Doy, Yea	20d. IN While of work	UURY OCCURRED Not while	20e. PLACE foctor)	OF INJURY (F , street, office	lome, farm bldg., etc	n, 20f. (Cit	y or town)		(0	County)		(State)
21. I certify to alive on 29 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Juny &.	126 h	and tho		USAF H	<i>9:00</i> HOSP 1	AM, fro ADDRESS (S	Street, city or NDREWS	ses an town, st	d an ti ate) 30 S	he dot	e stote D EMBE	ed abov ATE SIGNI R 196
	ON, 226. DATE THEREON	20	erling to	- 7/17	rematory		nd. voci	ylon (city,	- //	county)		(Stol	e)
23. FUNERAL DIRECTO	1//		ADDRESS SILL HA	ne	Ka	24o. REC'	D BY REGIS	TRAR 24b.	REGIST	RAR'S SIG	SNATUR	E	

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1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution: b. COUNTY	Residence before admission)
Prince George		Md.		rinc, Till
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside carporate limits, write RUR	AL and give nearest town)
Cheverly	16 days	Lanham		
 d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George Hospital		Box 212 I	incoln Park	YES NO
3. NAME OF DECEASED (Type or print)	Middle	First don't	4. DATE Month OF DEATH CONT 2	Day Year
Bell	- X	Edna	Denn. T	9 160
S. SEX 6. COLOR OF RACE Z MARRI	IED NEVER MARRIED	8. DATE OF BIRTH		Months Days Hours Min.
Fe. C WIDOWE		9-30-01	58 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during post of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Jomestic H	ousework	Mash	inoton DC	U.S.A.
13. FATHER'S NAMEL	, /	14. MOTHER'S MAIDEN N	IAME 5	
Hathony Cold	bert	Mary	Skinn	er
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. (Yes, na, or unknown) If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT	Addres	har /
(if yes, give with or didnes or service)	K	schel Nath	ens- Dalt	unore Md.
1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]	11	0 1.1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	D. se wo	leed, at the	ie V teus	ONSET AND DEATH
IMMEDIATE CAUSE (a)		1	. 4	375.
DUE TO	1.111 , ho	e do do b	La Vicet	
Canditians, if any, which) (b)	W14/4	THOMAS	10 ming	
gave rise to immediate DUE TO				
Ivian asses last			0	
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NIOT BELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	LINI PART TO THE WAS ALTOPSY
OLE SIGNIFICANT CONDITIONS C	ONIKIBUTING TO DEATH BU	THO REDATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 1 20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in F	Port I or Part II of item 1B.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Doy, Year 20d. IN	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. IN While p. m. 19	IAGI AUIIE	actory, street, affice bldg., etc.) [
p. m.	k ot wark		7	
21. I certify that (I) (this haspital) ottend	ied the deceosed from	9-14 19	20, to 9 2 9	, 19 60 that (1) (we) lost
saw the deceased alive an 2 24	19 and that	death occurred ot8_A	M. from the couses and	on the date stated above.
220. SIGNATURE	a Co	deall occorred ord_a	or, from the couses one	22b. DATE
March	f Kine	M.D. PHYS. DI	ED. STAFF PHYS.	9/29/6
22c. PHYSICIAN'S	chon	22d ADDRESS	ns Chapel Road,	Unrat + curi 11a
NAME (Type) Rohald S. Fleis	Cuer.	7472 Quee	ms onaper noad,	Ity acceptance
230 BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town, or	county) (State)
REMOVAL (Specify)	Holy Land	. C. am	IN ondringe	mill
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. PFC'I	0000000	RAR'S SIGNATURE
H511/2 1: 1-015 4	40500	Que NE DATE OF		lug S. Kraus
1. Washing to Hom T	123-Olan	UTUL TY !- DATE UT	CANO	, 200

THE RESERVE OF THE PROPERTY OF Erlan, Land all valued that I want train the last t MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

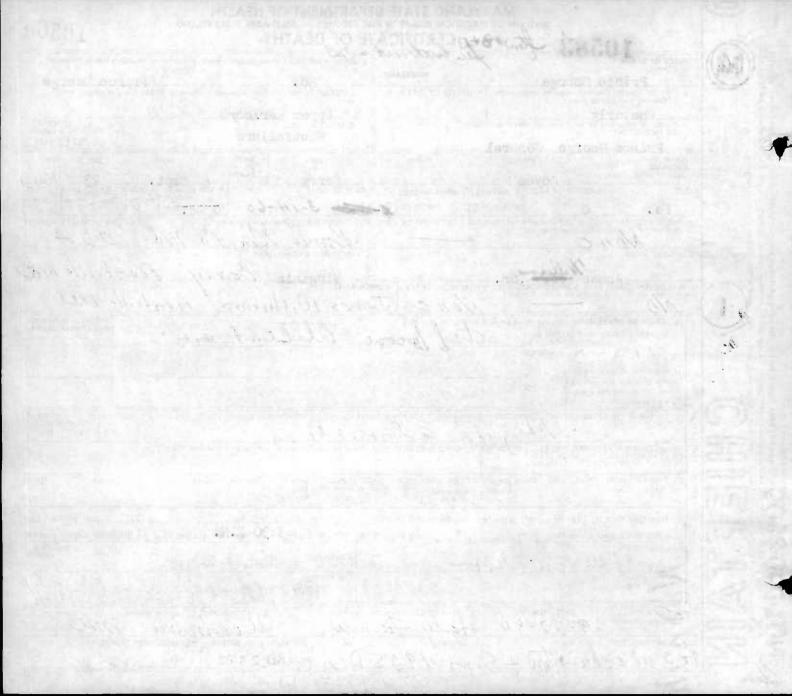
DIVISION OF STATISTICAL RESEARCH AND RECORDS

VISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	PLACE OF DEATH		1 1	MARYLAND	2. USUAL RESIDENCE (a. STATE		COUNTY	
	b. CITY OR TOWN RURAL ond give i	ce George (If autside carporate nearest town)		LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lim		ce George
7	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspi	tal, give street addr	ess)	d. street Address Westf	Marlboro ailure		e. IS RESIDENCE ON A FARM? YES NO
1	Prince NAME OF	George	General First	Middle	Last	4. DATE	Manth	Day Year
1	DECEASED (Type or print)	*-		Middle		OF DEATH	~ .	23 1960
5.	SEX	6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE		YEAR IF UNDER 24 HRS
	Fe.	C	WIDOWED		11-60 3-14	4-60 0 m	birthday) Manths	Days Hours Min.
L	during most of wo	ION (Give kind of verking life, even if re	vark dane 10b. KINI tired)	D OF BUSINESS OR INDU	Prince	Sha Ca	- Me 12. CITIZ	OS A
13	. FATHER'S NAME	Kelly	emsen		14. MOTHER'S MAIDE	Benne	y Fores	tville Kid
	. WAS DECEASED EV	ER IN U. S. ARMED (If yes, give war or dal		lal security No. 17. II	Ames Wil	liams	FORTS FUILL	le MIS
1		ATH [Enter only o		r (o), (b), and (c).]	711	,		INTERVAL BETWEEN
NOIN	Canditions, if gove rise to cause (o), stoting lying couse lost	any, which immediate g the under-	(b)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TEI	Rminal disease cond	DITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION		/AS UNDERLYING [IG ☐ CAUSE OF DE Y MEDICAL EXAMIN	ATH	E HOW INJURY OCCURRE	D. (Enter nature of injury	in Part or Port II of it	tem 1B.)	IS NO
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.		Year 20d. INJUR While of work	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg.,		n) (C	ounty) (State
		nat (1) (this haspased alive an_		the deceased fram			auses and on the	, that (1) (we) las date stated above 22b.DATE SIGNEI
	22c. PHYSICIAN'S NAME (Type)	/			22d. ADDRESS 300/	Chuve	by ave,	awal
L	G. CREMATI REMOVAL (Specify	1 9-2	7-60 23	Haly Ja	mily	Wood	ity/town, or county)	md (State)
1.	+ 5, W &	R'S SIGNATURE	M 4 S	ADDRESS 1933	2	SEP 2 8 '60	25b. REGISTRAR'S SIC	NATURE
(21772	03XV	3	62.11	NE. E	2.		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10575 Reg. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) should the d. NAME OF HOSPITAL (If nat in hospital, give-street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION nemen YES NO puo NAME OF First Middle Lost 4. DATE Yeor filled OF DEATH DECEASED (Type or print) 19 IF UNDER 1 YEA 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 24 HRS. Manths Days Hours WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work doge 10b. KIND-OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even it retired ond carban 13. FATHER'S NAME 6 g physicic remove c 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If yes, give wor or dates of service) Dune as attending please CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSELAND DEATH PART I. DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (a) event DUE TO by permit. any Conditions, if any, which signed gove rise to immediate DUE TO couse (o), stoting the underand lying cause lost. physician. burial-transit peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T bu 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) certificate OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) o. m. While Not while at work ot work 19 60 that I last saw the deceased 21. I certify that attended the deceased fram and that death accurred at 550 AM, from the causes and an the date stated above. alive an OR ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL SIGNATURE 70 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22d toe MION (City, town, or county) 22C-NAME OF CEMETERY OR CREMATORY (Stote)

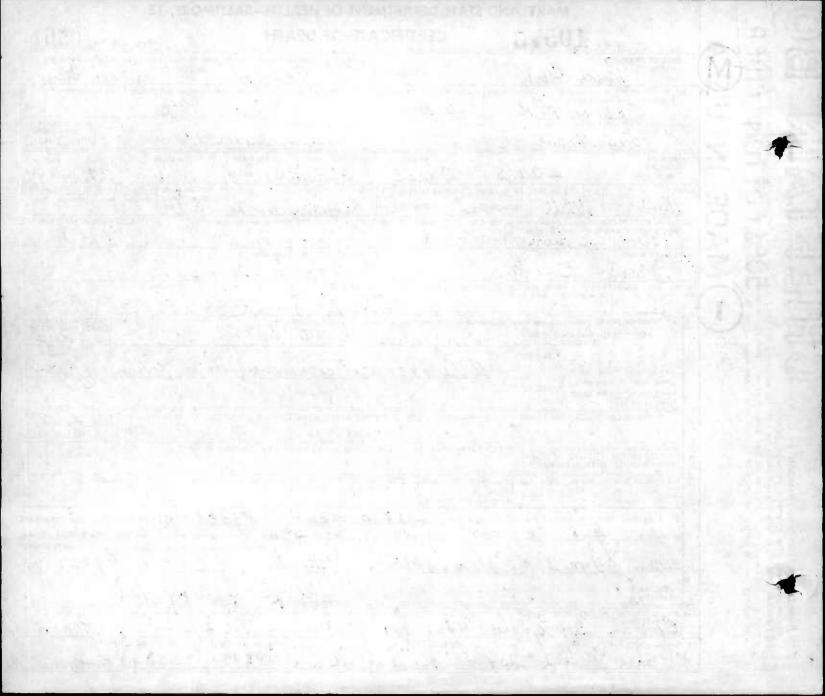
240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

arihur S. Mans

Q E Q C V\$ A15 (4) 15M 9/5B

FUNERAL DIRECTOR'S SIGNATURE



VR A1S (4) 1SM 9/S9

after death. Page 4

CERTIFICATE OF DEATH

	- CEIKITI TOX			
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (W		tian: Residence befare admission)
Prince Georges	MARYLAND	Maryl	and b. COUNT	Prince Georges
B. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside carporate limits, write	RURAL and give nearest tawn)
Cheverly	8 days	College	Park	
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges Genera	al Hospital	4908 Lak	awanna St	YES NO L
3. NAME OF First DECEASED	Middle	Last	OF	onth Day Year
(Type or print) Walter.	Bosse		DEATH Sept	7 19 60
S. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
Male White WIDOWE	ED DIVORCED	7/31/07	53 yrs	months buys ridors intil.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during most af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
Repair Urns For Wilke	ens Coffee C	o. Washing	ton. D.C.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Harry Vincent Bos	380	Catherin	o T. Wagner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II			dress
(Yes, no, or unknown) (If yes, give war or dates of service)	579-07-2434	Mrs. Rose	L. Bosse (W	ife) As above
1B. CAUSE OF DEATH [Enter anly one cause per lin	ne far (a), (b), and (c).]	100	3	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	MULTIPLE 1	ULMONARY	EMBOLI	12415
DUE TO				
Canditians, if any which) (b)	PerITONIT	15		8 days
gave rise to immediate DUFTO				
lying cause last.	suprune o	F desend	ing cold	n 8 days
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
JASTRIC AN	d duo den	AL ULCE	R	YES A NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II af item 1B.)	
ZOc. TIME OF INJURY Manth, Day, Year 20d. II	NJURY OCCURRED 20e. Pt	ACE OF INJURY (Hame, farr	m, 20f. (City ar tawn)	(Caunty) (State)
Haur a.m. While	Nat while fa	ctary, street, affice bldg., et	c.)	
		1 100	TI. SOUT	19.40 that (I) (we) last
21. I certify that (I) (this haspital) attend	ded the deceased from.			
saw the deceased alive an Sept	119_6_0 and that	death accurred at 2.7	M, from the causes a	nd an the date stated above. 22b. DATE
Mirmon Drust	(Vomen	M.D. ATTENDING PHYS.	STAFF PHYS.	9/7/68
22c. PHYSICIAN'S	-1	22d. ADDRESS	0 -	1
NAME (Type) NORMAN DO	NAI (bme	A4 3503	Penny 5T M	17 MAINIER MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, tawn	
Burial 9/10/1960		emetery	Washington	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 200-	Ryseve 250. REC	EP 1 3 '60 25b. REC	GISTRAR'S SIGNATURE
(ally 7 unelal (your	me mt ka	MULL MORTE		

Mempal VI antredited ... Samed insentViewrall 570-07-2434 hrs. Rose L. Bosse (M124) As above The same of the sa HARL TO THE PARTY OF THE PARTY Single Control of the second deposits only Labeled Labeled Control of the State of

\$ 8 c				0637.ME	DICA	L EXAMINE	R'S	CERTIF	FICAT	E OF	DEA	ATH	Reg. Dist. N	1000
oul oul	M)		PLACE OF DEATH					2. USUAL RES	IDENCE (W	here deceas	sed lived.	If Institut	ianı Residence b	efare admission)
10 25		L	o. COUNTY PRI	NCE GEORGE	S	MARYL	AND	o. STATE		RYLANI		. COUNTY		E GEORGES
رة هند			b. CITY OR TOWN (If a and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	11b	c. CITY OR	TOWN (If	autside corp	porate lir	nits, write	RURAL and give	nearest tawn)
Po Po	10-	1	RIVERDA	LE		DOA		ED	MONSTO	M		6	3	
rtor.	049		d. NAME OF HOSPITA	L OR INSTITUTION (f nat in hosp	pital, give street address)		d. STREET A	DDRESS				A	e. IS RESIDENCE ON A FARM?
is de		L	LEELAND	MEMORIAL	HOSPI	TAL		4904	Bucha	anan	ST.			YES NO
delo ral ur strar		3.	NAME OF DECEASED	Fin		Middle		Lost		4. DATE		Month	Do	y Year
une yo		_	(Type or print)	COVIE ANN	BOYER					OF DEATH		SEPT	15	19 60
F e f		5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B.	DATE OF BIRTH			9. AGE	the death		R IF UNDER 24 HRS.
# in the		L	F	W	WIDOWED			9-3-60				yrs.	Months Days	Hours Min.
de d		100	. USUAL OCCUPATION during most of working	N (Give kind of work of life, even if retired)	dane 10b. K	IND OF BUSINESS OR IN	DUSTR	11. BIRTHPLA	ACE (State o	ar fareign c	ountry)	MID	12. CITIZEN	OF WHAT COUNTRY
fer on pure	(E	_	none			NONE		WAS	SH. SA	AN. TA	KOMA	1 PARI	K U.S	3.
1, 2, nay	(1	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
hou ses			UNKNOW						LORES	BOYER	?			
Poge oge		15. {Ye	WAS DECEASED EVER	R IN U. S. ARMED FOI If yes, give war ar dates of :	RCES? 16. S			FORMANT		1 00	1	Address		
Sive .			NO			NONE	Ivi	OTHER		490)4 gu	chana	ani ST.	EDMONSTON
P.W.			The second secon	I [Enler anly ane cau	se per line f				7				INT	ERVAL BETWEEN SET AND DEATH
Pe T			PAKI I. DEAIR	MAS CAUSED BY:	1	ab MOIL	A	RY	6	DEM	na	_	Tew	hours
th for			754.5	DUE TO	0	,	0	11						1
Piri ii			Conditions, if an		(1)	ngenta	K.	Heor	x x	Des	se	2	120	lug
long			(a), stating the ur											
sho in p	-	7	cause last.) (c).	NTIONIC CO	HTRIBUTING TO DEATH	21.17. 5.44	-A						
Offi d os	0	OL	m. Li	abole - O	1			DINKEL TED IC	THE TERMIN	NALDISEASI	E CONDI	IION GIVE	N IN PART 1(0)	PERFORMED?
endi er's		FIC	20a. EXTERNAL CAUS	F WAS 201	DESCRIBE	HOW INJURY OCCURRE	DIE	gnees	- (1	my	An	Gas	places	MES NO
is ce		CERTIFI	PRIMARY or CONT	TRIBUTING []	DESCRIBE	THE THE BOX I OCCURRE	(Ly	Net majore at imp	lory in rare	divrom 11	or trem i	on		
Exard Fxard			20c. TIME OF INJURY	Month, Day, Yea	r 20d. II	NJURY OCCURRED 20e.	PLAC	E OF INJURY (H	lome, farm,	20f. (City	or town)	1	(Caunty)	(State)
he he ical		MEDICAL	Hour o. m.	19	While of wor	k at white	factar	ry, street, affice	bldg., etc.)			To Table	(//	(5.5.0)
AM Med Med				at I taak charge		emains described	abay	e, held an	Autopsy	D le	rspecti	on Fil	Inquiry 🔽	, and find that
writing in it.						K Accident □,						nined co	/	, and ima ma
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ifico the			ACTUAL SIGNATURE	author	02	valten		M.D. CHIEF ME	EDIÇAL EXA	MINER				DATE SIGNED
2 2 0	5			0			6	ASSISTAN	NT MEDICAL	L EXAMINE	R 🔲			
DEPUT ute the orworde FUNER	d		EXAMINER'S NAME (Type)	AYTO.	NG). WATK	11	S DEPUTY	MEDICAL EX	CAMINER-	7			
cute the forword forword FUNER		220	BURIAL, CREMATION	I, 22b. DATE THEREO	F :	22c. NAME OF CEMETERY				22d. LOCAT	TION (Cit	y, lawn, ar	county)	(State)
5 2 5 0	1	1	Burial	9/16/60		Ft Lincoln	Ce	metery		Colma	ir Ma	anor,	Md.	
VS. A15ME(5)	R	23.	FUNERAL DIRECTOR'S			ADDRESS			24a. REC'D	BY REGIST			RAR'S SIGNATU	JRE
5M 9/55	21		r. Gasc	h's Sons	Hyat	tsville, M	d.		DATESEP	1 9 '6	0	Cat	wa 9 H.	
1/4	ous		200	75201X	V4-									

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter deoth. If any delay is necessory, please execute the clificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral circust. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TOFUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial; constant.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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0564 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10644 should be Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give regress town) c. LENGTH OF STAY IN 16 OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle Last Year DECEASED (Type or print) DEATH 19 5. SEX 9. AGE (In years 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH FUNDER TYPAR IF UNDER 24 HRS. Months Days Hours WIDOWED D DIVORCED T 10g, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dering most of working the even if retired) may 14. MOTHER'S MAIDEN NAME poges 30 IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony gove rise to immediate couse DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? NO'S 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port t or Port II of item 18.) PRIMARY OF CONFRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour Not while p. m. at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry ond find that death resulted from: Natural causes Di, Accident . Suicide | Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 9/13/60 St John's Cemetery Forest 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) F. Gasch's Sons Hyattsville, Md. DATE SEP 1 6 '60 Carling S. Thousa 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10568 CERTIFICATE OF DEATH

10565

Rea. Dist. No. E OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PL o. STATE Maryland YTHUC b. COUNTY Prince George's MARYLAND Prince Georges TY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. I FNGTH OF STAY IN 16 RAL and give negrest town) attsville Mc Hyattsville, Md. AME OF HOSPITAL (If not in haspital, give street oddress) e. IS RESIDENCE INSTITUTION ON A FARM? 4005 Jefferson Street 005 Jefferson Street YES NO X NA First Middle Year CEASED May E September 18. Branson 60-DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) May 11, 1875 white female WIDOWED K DIVORCED [10g. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) US Housewife own Home New Jersey 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Benjamin Pine Jessie Baker INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Ruth B Dingee Hyattsville, Md. 18. CAUSE OF DEATH [Enter only one couse per line fop(g), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO TE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc. Hour a. m. While Not while at work ot work p. m. 21. I certify that I attended the deceased fram. 19 that I last saw the deceased and that death accurred at J. M., fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Sept 22, 1960 Cedar Grove Cemetery Clayton New Jersey Burial 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR

Gasch's Sons Hyattsville, Md.

DATE SEP 2 0 '60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10646

CERTIFICATE OF DEATH

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Rea.	Dist.	No.			

1. PLACE OF DEATH a. COUNTY	rince Geor		MARYLA	11	USUAL RESIDENCE (W		l lived. If institution b. COUNTY	-	~		ion)
					Maryl				• Ge		
b. CITY OR TOWN (If RURAL and give ne Suit		its, write	c. LENGTH OF STAY IN	Ib	c. CITY OR TOWN (IF	itland	rate limits, write K	UKAL and	give nec	arest town	?
d. NAME OF HOSPITA	AL (If nat in haspital, g	give street			d. STREET ADDRESS					e. IS RES	IDENCE
or institution	08-Belgre	en S	t., S.E.		108	Belgre	en St.,	S.E.			FARM?
3. NAME OF DECEASED (Type or print)	NOF		Middle C.		BUSSLER	4. DATE OF DEATH	Sep.		5th		Year 1960
5. SEX Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED ED DIVORCED		Nov. 23, 19		9. AGE (In years last birthday) 49 yrs.	IF UNDER Months	1 YEAR Days	IF UNDE Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS OR I	INDUSTR	11. BIRTHPLACE (State	e ar foreign co	ountry)	12. CIT	IZEN OF	WHATC	OUNTRY?
	ing life, even if retired ISOWITO)	Home		Maryla	nd			US	SA	
13. FATHER'S NAME	DONATO		HOMO		14. MOTHER'S MAIDEN					-	
	dwin Joy					nda Gr	ay				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
(168, 110, Or DIRIGWII)	ir yes, give war or dates or :	ervicej	Ly man	Le	onard S. Bu	ssler	108B	elgre	en S	st S	E
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ine far (a), (b), and (c).]	ut.	Failure -	Chim	ie		INTI ONS	ERVAL BE	TWEEN
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cause (a), stating t	he under- DUE TO)									
lying cause last.) (c										
CATIC	ER SIGNIFICANT CON	IDITIONS_	CONTRIBUTING TO DEATH	F ROLL MC	OF RELATED TO THE TERM	AINAL DISEASE	: CONDITION GIV	EN IN PAR	T 1(a) 1	PERFO	RMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Part I ar Part	II of item 18.)				
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	ar 20d. I While at war	Nat while		OF INJURY (Hame, far y, street, affice bldg., et		ar tawn)	(4	Caunty)		(State)
21. I certify the	at I attended the	deceas	sed fram	nay	, 19.49, ta 1	aption	5 , 1960	that I lo	ist sav	v the d	eceased
alive an	9 - 4	. 19	60 , and that de	eath a	courred at 1:30						
0.	0 00 0	.0	0.0)			reet, city or town,				E SIGNED
ACTUAL SIGNATURE	ikail] 11	1 /2	errey TAX	M.E	1150 Conn	Ave. N	. W. Wasl	n. DC	Sep	t. 5	, 60
PHYSICIAN'S NAME (Type)	Dr. Micha	el J	. McInerney	1	150 Conn. A	ve., N	. W. Wa	shing	ton	DC	
22a. BURIAL, CREMATION REMOVAL (Specify)	9-8-	60	22c. NAME OF CEMETE	ery or c	not	10	ION (City, town,	2		(State	1
23. FUNERAL DIRECTOR'S	S SIGNATURE	166	ol- Sond Hu	je !	PASE 240. REC	SEP 7	100	STRAR'S SI			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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क् क स		d. NAME OF HOSPITAL (If nat in hospital, give street address)	21 100	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
D D	L	Prince Georges General	Hospital	3064 Clint	con Street, N.E.	YES NO
od 1	3.	NAME OF First DECEASED	Middle	Last	4. DATE Manth	Day Yeor
ille ath.		(Type or print) Harry	L	Butts	DEATH Sept.	20 19 60
Pag de	S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	
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ath adin	<i> </i> =	18. CAUSE OF DEATH [Enter only one couse per ling to (o	1 11.0	- of all ivi	3000	INTERVAL BETWEEN
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physicial os beer ial-tran atian, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES ZANO-
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SICI atte as a urio	CAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY C		ACE OF INJURY (Home, farm,		ounty) (State)
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Affe Ped Ped Ped Ped Ped Ped Ped Ped Ped Pe		21. I certify that (I) (this haspital) attended the saw the deceased alive on 5 47 24	deceased fram.	7970 5 19-	0 10 19	that (1) (we) last
The sales	-	saw the deceased alive on 22a. SIGNATURE	and that c	death occurred at	M, from the causes and an the	date stated above.
d by tecto		Thomas Done	man	M.D. ATTENDING A ME	D. STAFF PHYS.	9/20/60
At Din		22c. PHYSICIAN'S NAME (Type) Wonman Don	VAT OME	22d. ADDRESS 724 n	ey ST MIT RAINI	en md
NER 3 s state	23		IAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, ar county)	(Stote)
may by FUN Page the St	6	REMOVAL (Specify) 9/24/60 7	it Live	elv-	Colomar man	or md
5 5 5	124	FUNERAL DIRECTOR'S SIGNATURE A	DORESTIL Ra		BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE!
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10570 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. PLACE OF DEATH
o. COUPT'ince George's 2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATEVICE b. COUNTY Pr. Geo. MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Chever Ivel town) D.O.E. Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE Pr. Gen. Ge. Hosp. Oakcrest YES NO NAME OF Middle 4. DATE Last Month OF DEATH Sept. Edward John Cager (Type or print) 19 9. AGE (In years 7. MARRIED NEVER MARRIED 7 8. DATE OF SIRTH IF UNDER TYEAR IF UNDER 24 HRS. Male 17 Oct 1924 WIDOWED [7] DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oud Unemployed Md. U.S.A. pe 5 moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Edward Cager Sr. Ida Coatley poges Pages Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (no. or unknown) File (If yes, Tring wor or dotes of service) (Wife) Thelma Cager Unk. Same as 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** ong with Conditions, if any, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TY NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I of Port II of item 18. Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while o. m. of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and find that death resulted fram: Natural causes 📆, Accident 🗌, Suicide 🔲, Hamicide 🗍, Undetermined cause 🔲. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE SEP 1 4 '60 without a France 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	PLACE OF DEATH o. COUNTY Prince	George			MARYI	LAND	2. USUAL RESID	land	nere deceased		If institution		nce befo	re admissi	on)
	b. CITY OR TOWN (RURAL ond give n	If outside corporate limi earest town)	ts, write		IGTH OF STAY		c. CITY OR T	OWN (IF					give ned	crest town)
	d. NAME OF HOSPI OR INSTITUTION	rly TAL (If nat in haspital, g	jive street		2 Day 4	HI	d. STREET A		(nabi	72.16				e. IS RESI ON A	DENCE FARM?
	Prince	George Gene	eral	Hosp	ital		2509	South	ern Av	7e.				YES 🗌	NO 🗌
	NAME OF DECEASED (Type ar print)	Raby Boy			Middle		Cas	rle	4. DATE OF DEATH		Sept		2	-	9 60
S.	SEX	6. COLOR OR RACE	7. MARI	RIED 🗌	NEVER MARRIE	D 🔀	B. DATE OF BIRTH		c cycle	9. AGE last b	(In years orthday)	IF UNDE	R 1 YEAR	Hours	R 24 HRS. Min.
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13.	FATHER'S NAME						14. MOTHER'S								
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IFICATION							D. (Enter nature a						KI I(U)	PERFO	RMED?
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	21. I certify the	at (I) (this haspital	l) attend	ded th	e deceased	fram	Sept. 20) 19	60 ta	Sep	t 22	19	60 1	nat (I) (v	we) last
	saw the decea 22a. SIGNATURE 22c. MAYSICIAN'S NAME (Type)	sed alive onSe	ept 2	11	9.60, and	that o	M.D. ATTENDING PHYS. 22d. ADDRE	3:1 SS 53	OA, Mom RECTOR Ol Ham attsvi	staff PHYS	iuses an	d an th		stated	
230	BURIAL, CREMATIC		OF C	23c. I	NAME OF CEME	TERY C	R CREMATORY		23d. LOCA					(Stote	e)
0	REMOVAL Specify	9-30/6	56 /	Pri	ince Geo	rae	's Genera	al Ho	spita.	Che	everl	v. Ma	aryla		
24.	FUNERAL DIRECTOR		6	Hart	nistrat	enn,			D BY REGIST	TRAR	25b. REGI	STRAR'S S			
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ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DIVISION	OF STATISTICAL	RESEARCH	AND	RECOR	D\$ — I	BALTIM
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-	10389	CERTIFICA	IL OI DEATH		10000
N	PLACE OF DEATH O. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (What is state Maryland	ere deceased lived. If institution: b. COUNTY Prince George	: Residence befare admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carporate limits, write RUR	AL and give nearest tawn)
17	d. NAME OF HOSPITAL (If not in hospital, give street or institution Prince George General Hos		d. STREET ADDRESS 9806 49th		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) William	Middle	Carroll	4. DATE OF Sept.	8y Year 60
	Male White WIDOWE	36-1	8. Date of Birth 187.	ADC 84 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. during mast of working life, even if retired) 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	11. BIRTHPLACE (State	D.C.	12. CITIZEN OF WHAT COUNTRY?
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	Hary 4	Ellen Sin	2986-49UQ-0
	Yes, rich or unknown (If yes, give war or dotes of service)	ma	win Hants	ell College	Park, And
	OR CONTRIBUTING CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT	ene of lef	+ Foat	N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ZOc. TIME OF INJURY Manth, Day, Year 20d. It Hour a. m. While at warl	Nat while fa	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		(Caunty) (State)
	21. I certify that (I) (this haspital) attends as the deceased alive an Sept. E 22a. SIGNATURE Lavolf 5. 22c. PHYSICIAN'S NAME (Type) Dr. Harold S.		M.D. PHYS. DI 22d. ADDRESS	ED. STAFF RECTOR PHYS.	an the date stated abave. 22b. DATE SIGNED 9-8-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9
	23a, BURIAL, GREMATION, 23b. DATE THEREOF REMOVAL (Specify) 9-10-1960 24. EUNTERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY CO ADDRESS	ional		County) (State) RAR'S SIGNATURE 1 S. KISHA
	1	Wash	De		

TO HOSPITATE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be refuned by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

BUTTON DONE ! Was in the course of the property of the course of the cou Although the second of the sec the relative with the motion will be the relative being at expensioned all 1-11-9 Toronto

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

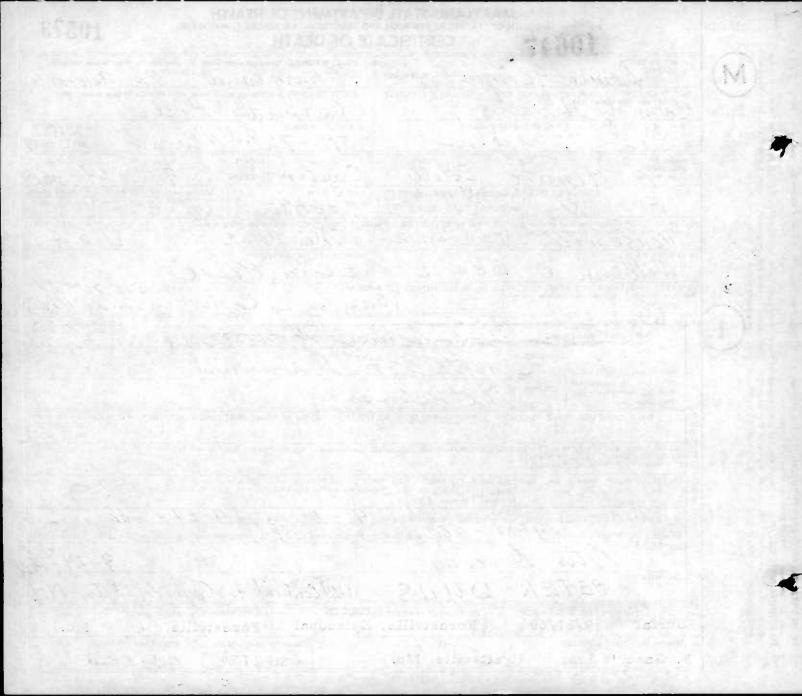
AAC AM CERTIFICATE OF DEATH 10573

1. PLACE OF DEATH a. COUNTY Prince 90,000 S MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mary Land b. COUNTY October STATE
b. CITY OR TOWN (If outside corporage limits, write) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate limits, write RURAL and two nearest dwn)
Carmody HUSE	Carmody Hills
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 72 22 Place	d. STREET ADDRESS 15/2-72 nd Place 6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Middle Estelle	Carter 4. DATE Manth Day Year OF DEATH 9 24 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 7 - 6-1830 9. AGE (In years last birthday) 9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY Mayland 15. A
13. FATHER'S NAME DEATZ	14. MOTHER'S MAIDEN NAME Eliza Moore
(Ver an as unknown) (If	Soumal Lee Carter Carned Hill
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUCH MC	wa of uteries 3 year
Conditions, if ony, which) on with min	trasbedominal
gove rise to immediate cause (a), stating the under: lying cause lost. Due to Metaster	sis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 19
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18.)
	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City ar town) (Caunty) (State
21. I certify that (I) (this hospital) attended the deceased fram saw the deceased alive on 7-24-1960 and that	death accurred at SPM, fram the causes and an the date stated abave
220. SIGNATURE Peter Dunes	M.D. PHYS. MED. STAFF 9-24-58GNE M.D. PHYS. PHYS. 9-24-14
22c. PHYSICIAN'S NAME (Type) PETER DUUS	6124 Control A. Caprital Higts Md
230. BURIAL, CREMATION, 23b. DATE THEREOF 9/27/60 23c. NAME OF CEMETERY Forestville,	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE SEP 2 7 '60 Chilling S. Kraus

and 2 shauld be filed TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur may be rethined by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health priar to burial, cremotion, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

after death. Page 4 funeral director,



Months

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e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

> PERFORMED? YES INO DA

> > (State)

SIGNED

(State)

U.S. A

Days

(County)

256 REGISTRAR'S SIGNATURE

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25a. REC'D BY REGISTRAR

ON A FARM?

YES NO TO

Year

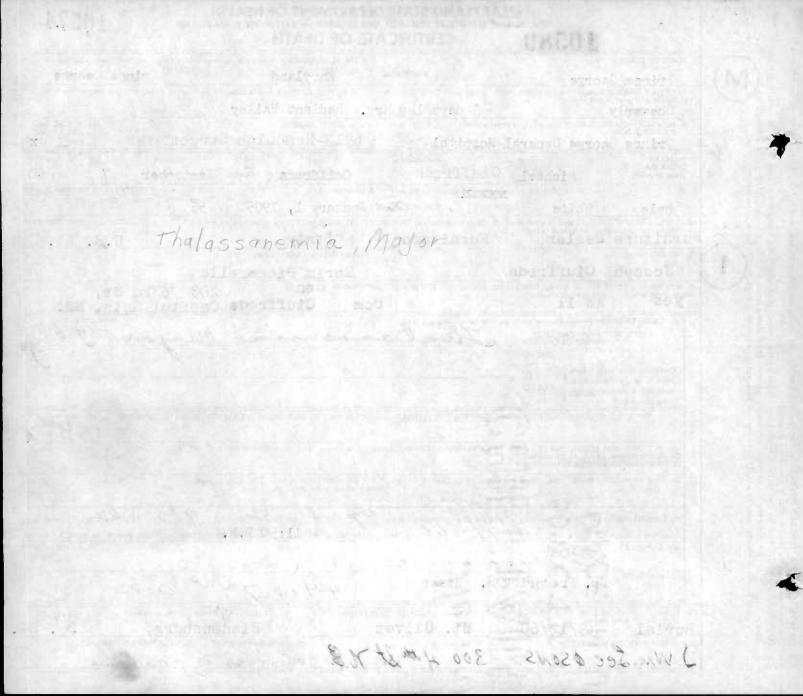
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0 VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE



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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
10569	CERTIFICATE OF DEATH	Re

	MARYL	AND ST	ATE DEPA	ARTM	ENT OF HEA	ALTH—B	ALTI/	MORE, 1	8		- 14 ₁ -	. *
	10569		CERT	IFICA	TE OF DE	ATH			Reg. Di:	st. No.	575)
1. PLACE OF DEATH o. COUNTY Pri	nce George		MAR	YLAND	2. USUAL RESIDEN O. STATE	CE (Where dec	eased liv	ed. If instituti b. COUNTY	on: Residen			1
	(If outside corporate limits,	, write c. L	ENGTH OF STA	Y IN 1b	c. CITY OR TOW	-		limits, write R			E/	
	ttsville PITAL (If not in haspitol, giv		years,	3 mo	d. STREET ADD	er Spri	ing	1	15		IS RESIDE	NICE
OR INSTITUTION	red Heart Hen					Baden S	tre	et			ON A FA	RM?
3. NAME OF DECEASED (Type or print)	First Margar		Middl	le	Claney	4. DA		Mon		Doy 27	Yeo	60
5. SEX	6. COLOR OR RACE			RIED 🔄	B. DATE OF BIRTH			AGE (In years ost birthdoy)			UNDER 2	
Female		WIDOWED [Febr. 27.	1874		ost birthdoy) 36 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPA	TION (Give kind of work do	one 10b. KIND	OF BUSINESS	OR INDUS					12. CIT	IZEN OF	WHAT CO	DUNTRY
Seamstres	orking life, even if retired)				Washi	ngton,	D.C.		U	nite	d Sta	tes
13. FATHER'S NAME					14. MOTHER'S MA				_			
Michael (lanev				Nora	Dunn						
Conditions, if gove rise to couse (a), statir lying couse loss PART II. C	immediate DUE TO (c)_ order_total order_to	Se per line for	ensuration of the state of the	EATH BUT	NOT RELATED TO TH	e 72	ay o		int.	INTER ONSE	VAL BETWEEN AND DE	TOPSY AED?
20c. TIME OF INJ Hour o. m	URY Month, Day, Year	While	Y OCCURRED Not while		ACE OF INJURY (Homotory, street, office bloom		(City or	town)	(1	County)		(State)
21. I certify olive on	that I attended the aleph 20	deceosed f	A //	at deoth	occurred of \$2	L.		he couses of the couse of t			stoted	

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	in of the funeral director,	and 2 shauld be filled with		
	the attending physician and campletely filled	Then please remove corban papers. Pages 1	and in any event, within \$2 hours after death.	
יווס מב וכנו של וווב ווסילווסו מו סוופווסווס ליוליוסווים	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in withe funeral director,	page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be siled with	the State Board of Health prior to burial, cremation, or removal, and in any event within 32 hours after death.	

ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 having after death. Page 4

TO HOSPITA

VR A15 (4) 1SM 9/59

10049	CEKTIFICA	AIE OF DEATH		
1. PLACE OF DEATH g. COUNTY		2. USU AL RESIDENCE (Who o, STATE		an: Residence befare admission)
Prince Georges	MARYLAND	District of	Columbia b. COUNTY	V
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RU	URAL and give nearest town)
(Rural) Glenn Dale	1 year, 8 mo.	Washington		11-7 X
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Glenn Dale Hospit	tal	2651 16th	Street, N.W.	YES NO
3. NAME OF First DECEASED (Type or print) ETHEL	Middle PAULINE	CLARK	4. DATE Mont	
5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Manths Days Hours Min.
Female White widow	ED DIVORCED	Jan 7, 1880	lost birthdoy) 80 yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Internal Revenue (retired)	KIND OF BUSINESS OR IND	ustry 11. BIRTHPLACE (State Atlanta, C	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	The strategy	14. MOTHER'S MAIDEN N	IAME	
William L. Clark		Jennie	Cooke	
	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ress
(Yes, no, or unknown) (If yes, give war or dates of service)	unk.	Person		
1B. CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), ond (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bro	onchopneumonia			onset and death
DUE TO				
Canditians, if any, which) (b)				
gave rise to immediate couse (a), stating the under-				
lying cause lost. (c)		2011 1 2 - 0		
PART II. OTHER SIGNIFICANT CONDITIONS				PERFORMED?
Š Chronic pyelonephritis; S Pulmonary tuberculosis si	ince 12/58; Th	c dorsal spine	D11 &D12 12/5	YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I ar Port II af item 1B.)	
		PLACE OF INJURY (Hame, form factory, street, affice bldg., etc		(Caunty) (State
Haur a.m. White at wor	k at work	octory, street, diffice blog., etc	7	
21. I certify that (1) (this hospital) attend	ded the deceosed from	Jan 26 19	9 . to Sept 10	, 1960_, that (I) (we) lo
sow the deceosed olive on Sept 10				The second secon
22a. SIGNATURE		(10:	5)	22b. DATE
Lunt ways	/	M.D. PHYS. DI	ED. STAFF RECTOR PHYS.	Sept 10,1960
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
Moe Weiss, M.J	D	Glenn Da	ale Hospital, G	lenn Dale, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town, o	
9-11-60	Rock Creek	Cemetery	Washington	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'	D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
The d. H. Thuly (e	7.740) 14 8	RYC.W DATE	SEP 1 5 '60	Centhing & Kroun
	Washin	ton, D.C.		

and record or and the in elementation of the second of the second

e. IS RESIDENCE ON A FARM?

YES | NO

Reg. Dist. No.

Moore

b. COUNTY

11672

iddle	Lost	4. DATE OF	Mon	th	Day	Yeor
Clol	nossey	DEATH	Sept	tember	30	19 60
ARRIED T	B. DATE OF BIRTH		9, AGE (In years lost birthday)			NDER 24 HRS.
ORCED	September 30	,1960	yrs.	Manths D	ays Hou	Min.
SS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
	Maryland					
	14. MOTHER'S MAIDEN N					
	Thelma (Clohos	sey			
r NO. 17. 1	NFORMANT		Add	ress		
	Joseph E. Clol	nossey	r (Fath	er)		
(c).]	. P.	,	- 1			BETWEEN ND DEATH
egus	wyg	un	*		1	own
ties	The of s	· · ·	0 1		J25	miny
week	10		7			
Sur	uty of l	un	1			
DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	CONDITION GIV	EN IN PART	(o) 19. W.	AS AUTOPSY REORMED?
					YES	□ NO □
RY OCCURRE	D. (Enter noture of injury in I	Port I or Por	t II of item 18.)			
		220				
20e. PL	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.	20f. (City	or town)	(Co	unty)	(Stote)
-3	0, 1960, 10 9	-3	0 , 196	that I lo	st sow t	he deceosed
	occurred of 10 P.					
		ADDRESS (S	treet, city or town,	stote)		DATE SIGNED
	M.D. 305 Trince	Georg	ge Street	, Laur	el, M	d. 10/3/
	305 rin	ce_Ger	orge Stre	et, La	urel,	Marylar
CEMETERY O	R CREMATORY		TION (City, town,			Stote)
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MARYLAND	STATE	DEPARTMENT	OF HEALTH
ION OF STATISTICAL	PESEADCH	AND PECOPDS - R	ALTIMODE 1 MADY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STAMaryland Prince Ceerge c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Upper Marlboro d. STREET ADDRESS Main Street Last Cornell 4. DATE OF BEATH DAY Pear OF BEATH P. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS last) May 11, 1922 P. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS last) Months Days Hours Min.
Upper Marlboro d. STREET ADDRESS Main Street Lost Cornell 4. DATE DEATH Sept 8 19 60 9. AGE (In yeors If UNDER 1 YEAR IF UNDER 24 HRS.
Main Street Last Cornell A. DATE OF DEATH Sept B. DATE OF BIRTH May 11-1922 P. AGE (In yeors IF UNDER 1 YEAR F UNDER 24 HRS
Cornell OF ATH Sept 8 19 60 B. DATE OF BIRTH May 11 1922 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS In yeors If UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24
May 11 1922 lashathday) Months Days Hours Min.
///
11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Mamie C. Fox
7. INFORMANT Address Mrs. Fthel (7. Cornell, Same As #2 LINTERVAL BETWEEN
ONSET AND DEATH
BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY

1. PLACE OF DEATH o. COUNTY Prince George MARYLAN b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN RURAL and give nearest tawn) h Days Cheverly d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince George General Hospital NAME OF First Middle (Type or print) George S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired) Maintanance Man 3. FATHER'S NAME Daniel Cornel WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 18 897 18. CAUSE OF DEATH [Enter only one cause per line for (a)-(b), and (c) DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (o), stoting the underlying couse last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) 20c. TIME OF INJURY Month, Day, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur o. m. While Nat while of work at work p. m. _____, ta__Sept. 8 ____, 19_60, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ 19_60 and that death accurred at 12.2 MORe whe causes and an the date stated above. saw the deceased alive an

22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)

ATTENDING STAFF PHYS. M.D. DIRECTOR [22d. ADDRESS

	22b.DATE
	SIGNED
	1/8/10
	1/
In	1:

(Stote)

BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, ar county)

Bur ADDRESS

Odenton 2Sa. REC'D BY REGISTRAR

Maryland 25b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

Glen Burbie, Md. DATGEP 13 '60

VR A15 (4) 1SM 9/59

page 3 sh the State

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Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO

22b. DATE SIGNED

(Stote)

Days

S A

(County)

19.00 that (1) (we) last

IS RESIDENCE

ON A FARM? YES NO NO

Year

19 60

Prince George

b. COUNTY

9. AGE (In years lost birthdoy)

62 yrs.

Month

Sept

Months

4. DATE

DEATH

Sarah Elizabeth Bladen

CERTIFICATE OF DEATH

with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE be filed MARYLAND Prince George Funerol b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in haspitol, give street oddress) Hvattsville, Md. d. STREET ADDRESS OR INSTITUTION 3/125 Toledo Terrace Prince George General Hospital puo NAME OF completely filled DECEASED Poges death (Type or print) Cozlin Marv M. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ofter Female White WIDOWED-DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast of working life, even if retired) Treasury Dept puo Retired Maryland pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 20 Charles E Mc Namee remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Robert L Cozlin Silver Springs, Maryland ottending none pleose 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the DUE TO . E Conditions, if ony, which (b) hos been signed gave rise to immediate per DUE TO couse (o), stoting the underphysicion. lying cause lost buriol-tronsit 2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. cremotion, ottending 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 1B.) certificote the (IF EITHER, NOTIFY MEDICAL EXAMINER) buriol, SO 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of wark of wark ache 21. I certify that (I) (this haspital) attended the deceased fram. 4.5, and that death accurred at 8:25M, Alem the causes and an the date stated above. saw the deceased alive an hed by the DIRECTOR: 22d. SIGNATURE ATTENDING PHYS. pe M.D. FUNERAL DIR Boord 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Dr. Fleischer Stote 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 9/10/60 Fort Lincoln Cemetery Rurial 24. FUNERAL DIRECTOR'S SIGNATURE

Gasch's Sons Hyattsville, Maryland.

SY32 QUEENSCHAPEL RM 23d. LOCATION (City, town, or county) (State)

Colmar Manor, Md.

STAFF PHYS.

25b. REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR

DATE SEP 1 3 '60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY Prince George o. STATE b. COUNTY MARYLAND Maryla nd Prince George b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Days Brentwood d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Prince George General Hospital ON A FARM? YES NO 4106 Cottage Terrace NAME OF 4. DATE First Middle Last Month Year DECEASED OF DEATH Ruby Davis 1960 (Type or print) Sept. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1001 Sthday) Months Days 22-0.6 Hours Female White DIVORCED | WIDOWED [YES. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) nav verning 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 1B. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY ancinolia IMMEDIATE CAUSE (o) 17705 DUE TO eto-carcinoma Rt. Breas Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while at work at wark 21. I certify that (1) (this haspital) attended the deceased from APY 1260 to Sept 9 __ 19_60, that (1) (we) last and that death accurred at \$300 the the causes and an the date stated above. saw the deceased alive and 2207 SIGNATURE 22b. DATE SIGNED ATTENDING of M.D PHYS. 22c. PHYSICIAN'S Board 22d. ADDRESS NAME (Type) Mt. Rainier, Md. Dr. Chas. Hageage, ofe DATE THEREOF BURIAL CREMATION. NAME OF CEMETERY 23d LOCATION (City, town, or county) S REMOVAL (Speqily) the ADDRESS. 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR SEP 1 3 '60 DATE

funeral

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attending please

signed

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FUNERAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH IL TOTAL	AVEDICAL EXAMINERS
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10649 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN It outside corporate limits, write RUPAL c. CITY OR TOWN (If butside corporate-limits, write RURAL and give necrest-lown) and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Lost Month Year DECEASED OF DEATH (Type or print) 196 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS last birthday Hours WIDOWED | DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S MAME e Pages IN U. S. ARMED FORCES? Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY da IMMEDIATE CAUSE (a) **DUE TO** olang with Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 00 PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED: (Enter noture of injury in Port I or Port II of item 18.) ward 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while 0 0 at work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry , and find that death resulted from: Natural causes 17, Accident . Suicide , Hamicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER forworded to FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 Flower Lane Forrestville 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR VS. A15ME(5) 4339 Hunt Pl., N.E. DATE arthur & Kraus Myrtle Rollins Washington, D.C.

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after death. Page 4

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hu

TO HOSPITA

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1 () 5 9 4 CERTIFICATE OF DEATH

10583

o. COUNTY Prince Ge	eorge		MARY	rland	2. USUAL RESIDENCE o. STATE Maryland	,	ased lived.		: Residenc	ce befare o	dmission)
b. CITY OR TOWN RURAL and give Cheve		ts, write	LENGTH OF STAY		c. CITY OR TOWN	(If outside co	rporate limit	s, write RUR	RAL and g	give nearest	tawn)
d. NAME OF HOSE	PITAL (If not in hospitol, goe George Ge	neral	Hospital		d. STREET ADDRES		e St.,		4	C	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Louis	st	Middle F		Dilger	4. DAT OF DEA		Month Sept		1 Day	Year 19 60
s. sex Male	6. COLOR OR RACE White	7. MARRIE	NEVER MARRI		July 26,	1881	9. AGE	*	Manths	-	JNDER 24 HRS. Durs Min.
during most of we	FION (Give kind of work orking life, even if retired	Lyon	ND OF BUSINESS O	or indust	Troup		in country)	Ja.	12. CITI2	ZEN OF WH	HAT COUNTRY?
1S. WAS DECEASED EN	VER IN U. S. ARMED FOR	CES? 76. SC ervice)	32-1858	17. INF	ORMANT M.	Die	ger	Addres - wi	B	200	ol.
Canditians, if gave rise ta cause (a), statin lying cause las	immediate DUE TO	He	paton	na	Live	w	Lin	ieu.			
PART II. O	THER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DE	ATH BUT N	IOT RELATED TO THE T	TERMINAL DIS	EASE COND	TION GIVEN	V IN PART	P	VAS AUTOPSY ERFORMED? S NO [
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTII	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED.	(Enter nature of injur	ry in Part 1 or	Port II of ite	m 1B.)			
ZOc. TIME OF INJU Haur o. m p. m	10	ar 20d. INJ While at work [URY OCCURRED Not while at work		E OF INJURY (Home, ary, street, affice bldg		City ar tawn)	(C	County)	(State
saw the dece	hat (I) (this haspital		d the deceased 19_60, and	fram I that de	Aug. 13 oth accurred at	1960 1 255AM			, 19 6 an the	O, that	
220. SIGNATURE	dAtter	en	u.	М	.D. ATTENDING PHYS.	MED. DIRECTOR	STAF				22b. DATE 9-1-0
22c PHYSICIAN'S NAME (Type		ER			1234 ADDRESS 1432 QU	RENS	CHAI	DELPO	30/ /4	YAT	TSVILL
230. BURIAL, CREMAT REMOYAL (Special		OF O	23c. NAME OF CEAM	NETERY OR	CREMATORY	220 y	CATION (CI	ty, town or	county)	20	(Stote)
24. FUNERAL DIRECTO	DR'S SIGNATURE	22 74	ADDRESSM	AR	ma. DATI	SEL 0	GISTRAR	251. REGIST	RAR'S SIG	NATURE	

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10584

	1	0650	CERTIFI	CATE OF D	EATH		Reg. Dist. 1	No.
	PLACE OF DEATH O. COUNTY	Georges	MARYLAN	O STATE	ENCE (Where decea	ь. сорт	MILA Z	pefore admission)
	BURAL and give nearest to	e corporate limits, write	c. LENGTH OF STAY IN	c. CITY OR TO	Ser/4		/1	negrest town)
	d. NAME OF HOSPITAL (IF IN 1981 INSTITUTION		ind Home	d. STREET AI	Arbor	TY.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	olette	(none)	Don's	d 4. DATE OF DEAT	~	Month Yember	28 1960
J.	emale u	shite WIDOW	DIVORCED	ALLONS	120,188	9. AGE un ye lost birthdo	eors IF UNDER 1 YE Py) Months Doy yrs.	
100	during most of working life	e kind of work done 10b. even if retired)	Hemsel Reserve	rue Penn	SHIZZNI	1	12.CITIZEN	OF WHAT COUNTRY
	FATHER'S NAME FIFTE STATES AND	Islead	COSINI CESTIDITA NO I	14. MOTHER'S	ry Bra			
(Ye	No	ve war or dates of service)	social security no.	NUVSING	Home	. Rece	Address Ord 5	
	PART I. DEATH WA	S CAUSED BY: DIATE CAUSE (0)	me for (o), (b), and (c).]	Edema		- 1		NTERVAL BETWEEN
	Conditions, if ony, wh	ote (b)	ngestive t	lear Fe	ilune	CT N		3 w Ks
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FICATION	Cere	ebral Arte	- 10 Scler of 1.	5				PERFORMED?
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MEDICA	20c. TIME OF INJURY Mor Hour o. m. p. m.	nth, Doy, Year 20d. II While ot wor	Not while	 PLACE OF INJURY (F foctory, street, office 	lome, farm, 20f. (C bldg., etc.)	ity or town)	(Coun	nty) (Stote
	21. I certify that I a alive and 9-2	ittended the decease 7, 19.6 L.Melse	o, and that de		120 M, from	n the causes	and on the de	saw the deceased ate stated above DATE SIGNED
	PHYSICIAN'S Stua	rt L Nelson	1		Tokoma	Park	a Ma	aryland
220	REMOVAL (Specify)	. DATE THEREOF	22c. NAME OF CEMETER Fort Linco			ATION (City, towar Man		(Stote)
23.	F. Gasch's S		ADDRESS Md.		240. RES'D BY REG	STRAR 24b. R	EGISTRAR'S SIGNA	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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the funeral director, and 2 shauld be filled with

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TO HOSPITAL RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haimoy be reharded by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled appage 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/S9

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1. PLACE OF DEATH o. COUNTY Pri	nce George		MARYLAND	2. USUAL RESIDENCE (Washin		lived. If institution b. COUNTY	n: Residence	befare admiss	ion)
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d. NAME OF HOSPIT OR INSTITUTION.	AL (If not in hospitol, s	Hospi.	tal	d. STREET ADDRESS 6515 Buc	hanaan	St.,N.E.			FARMS
3. NAME OF DECEASED (Type or print)	eorge	rst	Middle W •	Effinger	4. DATE OF DEATH	Sept		^{Doy} 23	Year 1960
s. sex Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-9-1881		9. AGE (In years lost birthday) 9 yrs.	Months Do	YEAR IF UND	ER 24 HRS Min.
10a. USUAL OCCUPATION during most of work Ret 13. FATHER'S NAME	DN (Give kind af wark ing life, even if retired	done 10b. KIN	D OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State		untry)	12. CITIZEI	N OF WHAT	OUNTRY
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IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY NO. 17.	INFORMANT	00 ===	Add	ess		
(Yes, no, or unknown)	(If yes, give war or dates of s	577	.10.2446 M	argaret. Ti	mms.	Lewes.	Dela	ware	
Canditions, if a gave rise ta it couse (a), stoling lying cause lost. PART II. OTHE 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	Mediate the under- COMER SIGNIFICANT CON COMER SIGNIFICANT CON COMER COM	D) D) D) D) D) D) D) D) D) D)	th wonfe	JT NOT RELATED TO THE TERM JED. (Enter noture of injury in	Part I ar Port	Il of tem 18.)	EN IN PART I	YES T	AUTOPSY DRMED?
20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Doy, Ye	While of work	_ Not while f	octary, street, office bldg., et		ar tawn)	(Cau	inty)	(State
	ed alive an 9=2	23	16Q, and that	9-19-69 19 death accurred at 21 M.D. ATTENDING 19 19 19 19 19 19 19 19 19 19 19 19 19	MED.	STAFF PHYS.		late stated	
23a. BURIAL, CREMATIO EMOVAL (Specify) 24. FUNERAL DIRECTOR	9.26.19	060 2		or CREMATORY Lapel. Cemete			easan		
		.300.4	ADDRESS 4th.st N E	. Wash. DATE S	EP 2 7 '6	0	STRAR'S SIGN	Toma	
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Montgomery

CERTIFICATE OF DEATH

I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY a. STATE b. COUNTY MARYLAND Prince George Md. funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) shauld 2 days Silver Spring d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS OR INSTITUTION George General 9307 Glennville Rd. NAME OF 4. DATE Middle Month First filled DEATH (Type or print) death Jane Fee Sent 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH campletely last birthday) Female White WIDOWED [DIVORCED [26 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 STRTHPLACE (State or foreign country) during most of warking life, even if retired) and 13. FATHER'S NAME TA MOTHER'S MAIDEN NAME a physici 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. attending pleas any 1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY 2 IMMEDIATE CAUSE (a) and **DUE TO** py permit. Conditions, if any, which this certificate has been signed gove rise to immediate **DUE TO** cause (o), stoting the underlying couse lost. burial-transit 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GWEN IN PART 1(0) 19. WAS AUTOPSY cremation, 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part III af item 1B.) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f. (City ar tawn) factory, street, affice bldg., etc.) Haur a. m. Not while ot wark at work p. m. 21. I certify that (1) (this hospital) oftended the deceased fram. Hebruary, 1960 to seefer 20, 1960, that (1) (we) last . 1960, and that death accurred at 10:16 fram the causes and an the date stated above. saw the deceased alive an DIRECTOR: 22o. SIGNATUR ATTENDING PHYS. MED. pe M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 3 shauld Dr. John Francis Warren FUNERAL 2015 R Street , N.W. Washington, D.C. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d-LOCATION (City, town, or county) 23a. BURIAL, CREMATION. REMOVAL (Specify) 25h. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR DATE SEP 2 6 '60 Chillian

10586

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COMNTRY?

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

22b. DATE SIGNED

(State)

Doys

(County)

Months

YES NO

Year

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by

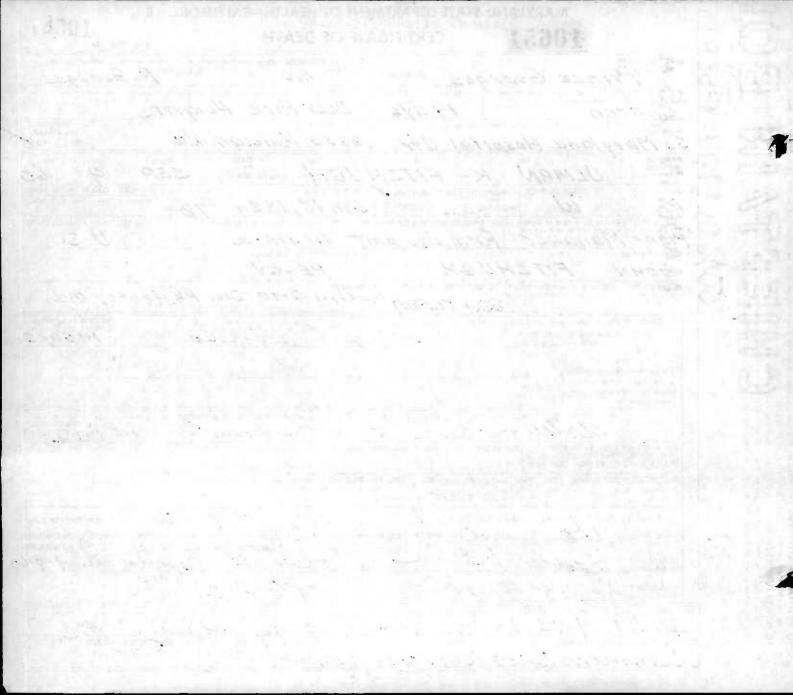
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24a. REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND 10638 CERTIFICATE OF DEATH with directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write þe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 20 sho d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION TEMOR NAME OF Middle 4. DATE First filled DECEASED DEATH Pages death. (Type ar print) 05 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH campletely after DIVORCED [WIDOWED F papers. 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) haurs during most of working life, even if retired) and ban ou se will 14. MOTHER'S MAIDEN TAME certificate be 13. FATHER'S NAME physician COL attending physic WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT that the death 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the **DUE TO** þ Canditians, if any, which permit. (b) signed gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit physician hos been attending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) certificate 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m. While Not while this at wark at wark After chue. 21. I certify that (I) (this hospital) attended the deceased from. detached saw the deceased alive an Allu 22o. SIGNATURE

b. COUNTY

Manth

e. IS RESIDENCE

Day

ON A FARM? YES NO IN

Year

19

IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Manths Days YES. 12. CITIZEN OF WHAT COUNTRY? West-INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 1960, that (1) (we) last 19 6 and that death accurred at 5 M, from the causes and on the date stated above. 22b. DATE SIGNED M.D. PHYS. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION REMOVAL (Specify) ar 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR arthur S. Thous

DIRECTOR: pe Ped TO FUNERAL DI page 3 sh

VR A15 (4) 15M 9/59

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after death. Poge 4

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haunded by the haspital or ottending physician.

TO HOSPITA

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moy be refunded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, grid in event, within 72 hours after death.

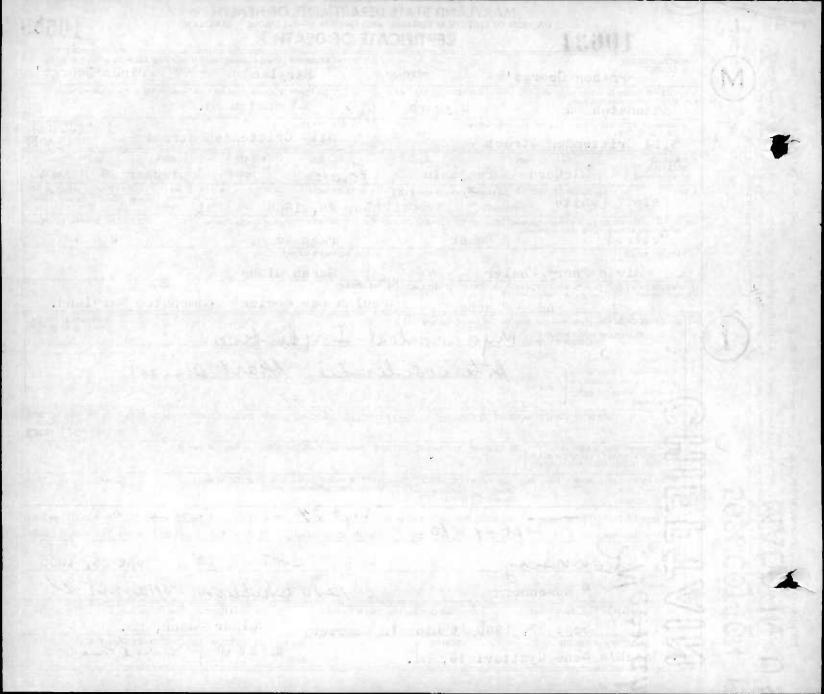
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10589

	PLACE OF DEATH	ince Georg	re's	MAR	YLAND	2. USUAL RES o. STATE	Maryl		b. COUNTY				
	b. CITY OR TOWN (IF RURAL and give ner Edmons to	autside carporote lim		c. LENGTH OF STAY		c. CITY OR		itside carpor	ate limits, write l	RURAL and	give nec	arest town	1)
	or INSTITUTION 5114 Cri	ttenden S				d. STREET		ttend	len Stre	et			FARM?
	NAME OF DECEASED (Type or print)	Richard	rst	Middl Benjamin	e	Fourle	ist	4. DATE OF DEATH	Septe		Do 25	,	Yeor 19 60
S. 5	male	6. COLOR OR RACE white		IEDE NEVER MARR	_	Nov 28	гн		9. AGE (In years last birthday) 91 yrs	IF UNDE Manths			Min.
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13.	FATHER'S NAME			ATT COLUMN		14. MOTHER	S MAIDEN N	AME			-	ALC:	
	Alvi	n Perry F	owler			Sai	rah Gi	hhs					
	WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16.		O. 17. INF	ORMANT	COLL GI		Add	dress		1 1 1	
(Ye		If yes, give wor or dates of: NO TH [Enter only ane co	r	none		ulah L	ee Fow	ler	Edmons	ton		land	
	Conditions, if ar gave rise to in cause (a), stating t lying cause last.	he under-	:)	terios			505						
CATION		ER SIGNIFICANT CON	iditions <u>c</u>	CONTRIBUTING TO D	EATH_BUT N	NOT RELATED T	O THE TERMIN	NAL DISEASE	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
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MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	20d. It While of warl	NJURY OCCURRED Nat while at wark		CE OF INJURY ary, street, affic			ar tawn)		(Caunty)		(State
F	saw the decease	(1) (this hospite ed alive on		led the deceased 14 19 60, and								stated	abave
	220. SIGNATURE	sense	ig		М	ATTENDIN	DiR	ECTOR [STAFF PHYS. [Sep	t 25	, 19	SIGNED
	22c. PHYSICIAN'S NAME (Type)	B Rosen	berg			22d. ADDI	o ch	rille	im d	nas			
	BURIAL, CREMATION REMOVAL (Specify) Burial			23c. NAME OF CEN					ION (City, town,			(Stat	te)
100	FUNERAL DIRECTOR'S			ADDRESS				P 2 8 6	RAR 25b. REG	ISTRAR'S S			



1 1	272m28b6-6-60m ammaryland state department of Health—Baltimore, 18
8 8 8	1059 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 10590
please .	1. PLACE OF DEATH. o. COUNTY D. STATE D. COUNTY D.
Page burial	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
199 gir	d. NAME OF HOSPITAL OR MISTITUTION (16 not in hospital, give street address) On A FARM? YES NOTE NOTE
uneral di inneral di r your registrar	3. NAME OF First Middle Lost 4. DATE Month Day Year OF (Type or print) CHESTER ALBERT FYANCE DEATH Select 29 1960
h. If or the fund for the re	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED FEB 11 1960 9. AGE (In years loss birthday) WIDOWED DIVORCED FEB 11 1960 9. AGE (In years loss birthday) Washing Days Hours Min.
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s 1, 2, ar may be ges 1 and	13. FATHER'S NAME RUBEUT AARAL FVANCIS DOROTHY / Krugsk
ve Pages Page 5 File pag	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ves. no. or uphnown) (If yes, give wor or doles of service) RA FYANCIS 283 Chapter December 1.
a PM3.	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 10 20 20 20 20 20 20 20 20 20 20 20 20 20
in Item rith forr	929. O DUE TO Conditions, if any, which) (b)
pencil along v buriel-l	gave rise to immediate couse (o), staling the underlying cause last.
nding" in nding" in .'s Office used as a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
De se se	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. Subject fell from crib into a diaper pail which held water.
NER: This word icol Exam 3 should	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) While Not while of work of w
AMing the Med Med Page	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry , and find that
AL EX e, writ Chief CTOR:	deoth resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined couse .
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. crematian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY 1 o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits/write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 20 NAME OF First Middle DATE Yeor Day DECEASED (Type or print) 196 9. AGE |In years 2 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE IF UNDER TYEAR Months Days Hours Min. WIDOWED [DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 5 C 00 puo å Mal 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY os PERFORMED? YES | NO X Proce CERTIFI 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) writing the w foctory, street, office bldg., etc.) Not while While o. m. ot work ot work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection Inquiry ond find that to the Chief ! death resulted from: Natural causes Suicide . Accident | |. Homicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) cute 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 226 NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 2 3 '60 Circher S. Frank 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Prince Georges D. C. b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) RURAL and give nearest town) Glenn Dale (rural) days Washington d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Glenn Dale Hospital 115 N.Y. Ave., N. W. YES NO TK NAME OF First 4. DATE Middle Last Year OF DEATH (Type or print) Howard Goldston 0 D. 19 60 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Dovs Hours Male WIDOWED | DIVORCED [7] 116 Negro 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) North Carolina Bricklaver Unknown USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Goldston Goldie Matthews Goldston 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address If yet give war or dates of service! 2/1-12-8813 Ilnknown Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of urinary bladder Unknown IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stoting the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, affice bldg., etc.) While Nat while of work of wark 7/27/60 9/19/60, 19___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram.___ , ta__ 9/19/60_19___, and that death accurred at 22.M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22c. PHYSICIAN'S Glenn Dale Hospital 22d. ADDRESS NAME (Type) Moe Weiss, M. D. Glenn Dale, Md. 23g. 8URIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) **ADDRESS** 2So. REC'D 8 REGISTRAR 256 REGISTRAR'S SIGNATURE DATE SEP 2 3 '60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10570 CERTIFIC	ATE OF DEATH Reg. Dist. No. 10593
1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STAMaryland b. COUNTY Prince George's
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hyattsville, Md 23 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md.
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 4300 Queensbury Road	d. STREET ADDRESS 4300 Queensbury Road e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Ethel Babette	Greaves 4. DATE Month Day Year OF DEATH September 14, 19 60
5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH May 10, 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife wn home	USTRY 11. BIRTHPLACE (Stote or foreign country) Ohio 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Woellner	14. MOTHER'S MAIDEN NAME Unknown
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	orma Greaves Hyattsville, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the <u>under-</u> lying couse last.	INTERVAL BETWEEN ONSET AND DEATH
, (9	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE:
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of the other of the other parts.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote octory, street, office bldg., etc.)
21. I certify that I attended the deceased from	h occurred at M. from the couses and an the date stated above ADDRESS-(Street, First or tawn, state) M.D. Hyattsville Md.
22a. BURIAL, CREMATION, REMOVAL (Specify) 9/17/60 Pt Lincoln	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hvattsville. Marvl	and. DATE SEP 1 9 '60 24b. REGISTRAR'S SIGNATURE

DATE

Hyattsville, Maryland.

Poges 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou may be retyded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Then please remove carban papers. crematian, or remaval, and in ony event within 72 hours after death page 3 should be detached for use as the burial-transit permit. the registrar prior to burial,

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

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F. Gasch's Sons

Prince Georges Santon Maryland Primes George's The country of the particular and the particular an the granting for Street S Hilberte Arenyes Cas Lucytester D. 191 E. NAV 10, 1863 70 of stilly offers doublest to bone bone Table days Partie School Bratistile, 81. THE LAND WAS DELLED TO THE PARTY OF THE PART the first the second of the second of the second of the the state of the s in ... only the control of the contr The description of the first interpretability of the state of the stat ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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after death. Page 4

1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDEN	ICE (Where deceas	ed lived. If institut b. COUNTY		before adm	ission)
Prince	George	-	MAKTLAND	Md.		Pri	nce Geo	orge	
RURAL ond give ne			c. LENGTH OF STAY IN 16			porote limits, write f	URAL ond giv	re nearest to	wn)
	ille Cheve		3 hrs.45mi		sville				
d. NAME OF HOSPIT	AL (If not in hospitol, g	ive street	oddress)	d. STREET ADD	RESS		1	e. IS R	ESIDENCE A FARM?
Prince	George Gen	eral		8206	Allentow	m Dr.		YES	□ NO [
3. NAME OF DECEASED	Fir		Middle	Last	4. DATE OF DEATI	Мо	ith	Day	Yeor
(Type or print)	Ro	-		Green	DEAT	Denre	1	29	19 60
5. SEX	6. COLOR OR RACE		IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months D	YEAR IF UN Doys Hour	
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during most of work	ON (Give kind of work ling life, even if fetired	done 10b.	KIND OF BUSINESS OR IND		Clare or foreign	country)	12. CITIZI	/// PO	land
13. FATHER'S NAME	heril	me	ller	14. MOTHER'S MA	AIDEN NAME	gHan	male	. , ≥	
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR yes, give war or dates of s		SOCIAL SECURITY NO. 17.	aleral	lan	Green !	Son	nelu	M.
18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (o), (b), and (c).]					INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	, I	Coxemia					ONSET AN	lays
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Z PART II. OTH			ONTRIBUTING TO DEATH BI			SE CONDITION GI	VEN IN PART		
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(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of in	njury in Port I or Po	ort II of item 18.)			
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While		PLACE OF INJURY (Horoctory, street, office b		ity or town)	(Co	ounty)	(Stot
21. I certify the		l) attend	led the deceased from	/	1960, ta			2, that (I)	, , ,
220. SIGNATURE	sed diffe dif		C , unu mui	deall dicorred t	11-C-51179 1904	Mine cooses o	id dil lile		22b. DATE
Ma	dette	en		M.D. ATTENDING	MED.	STAFF PHYS.	-		9/29/SNE
22c. PHYSICIAN'S				22d. ADDRESS			-		
NAME (Type)	Ronald	5. Fl	eischer	5432	Queen's	Chapel D	TOWN H	yatts	ville
23a. BURIAL, CREMATIC BEMOVAL (Specify)		0F 60	23c NAME OF CEMETERY	OR CREMATORY	10204 (2	ATION (City, town,	or county	(S	tote)
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			Allen Section 1	
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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

SEP 2 6 '60

MARYLAND

e IS RESIDENCE ON A FARM

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INTERVAL BETWEEN ONSET AND DEATH

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(State)

Days

(County)

YES NO

Year

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ATTENDING PHYSICIAN: The low requires that the death certificate be

Prince COUNTY PE Prince George Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Carmody Hills 3 Hr Cheverly d. NAME OF HOSPITAL (If not in hospital, give street oddress) 507 72nd Place NAME OF Middle 4. DATE Manth DECEASED Dorothy Hansbrough (Type or print) DEATH Sept. 5. SEX Female 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last bythday) Months Jan. 1 1921 DIVORCED T WIDOWED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) Washington D C Housewife own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Forest Guy Lambden 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Clarence R Hansbrough Carmody Hills Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y Anoxia IMMEDIATE CAUSE (a) DUE TO Status Asthematicus Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year factory, street, office bldg., etc.) Hour o.m. While Not while at work of work 21. I certify that (1) (this haspital) attended the deceased fram Aug. 1557, ta Sept. 18 19 60, that (1) (we) last saw the deceased give an Stote 17 19 60 and that death accurred at 1.10 Pyth, the causes and an the date stated abave. 220. SIGNATURE MED. M.D. PHYS. Boord 22c. PHYSICIAN'S 22d. ADDRES 6124 Central Ave., NAME (Type) Dr. Peter Duus, M.D. Capitol Heoghts, Md. poge 3 sh the Stote 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23d. LOCATION (City, town, or county) REMOVAL (Specify)
Artington 9/22/60
24. FUNERAL DIRECTOR'S SIGNATURE Arlington Cemetery Arlington Va. 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR

Hyattsville, Md.

10600

PLACE OF DEATH

o. COUNTY

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DIRECTOR:

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10640 CERTIF	FICATE OF DEATH	1000
1. PLACE OF DEATH o. COUNTY Prince Geo MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE STATE OF THE STATE	before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town) Kiver dale 10 da	1 1 1 N/ - 1 - 6-1 - 2	ve nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION, Eugene Live, of Memorial Joseph	PADISCIPH STATES	e is residence on a farm? Yes \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Kathing 1) First K. Middle	Last 4. DATE Month OF DEATH	Day Year 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE	lost birthdoy) Months [YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ Ken H. Davis Co.	EN OF WHAT COUNTRY? $U - S$.
13. FATHER'S NAME Williams. John	Mary Elizabeth	Mieler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	Lecord Office -4408 Queensh	ery Red.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (r) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	"Throlpes	ONSET AND DEATH
Canditians, if ony, which (b)	heart failure	while to
gove rise to immediate cause (a), stating the under-lying cause last.	altur chemi	20
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture af injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of work	20e. PLACE OF INJURY (Home, farm, factary, street, affice bldg., etc.)	ounty) (State)
21. I certify that (I) (this hospital) attended the deceased saw the deceased alive an 9-7-19-60, and	I from 129 1960 to 9-7 196 that death occurred at 25M, from the causes and on the	O, that (I) (we) last
22g SIGNATURE O	The desired as	22h DATE

ATTENDING PHYS. M.D.

MED.

e. SIGNED

(State)

22c. PHYSICIAN'S NAME (Type)

23b.

DATE THEREOF

· HON

22d. ADDRESS

LOCATION (City, town, or

STAFF PHYS.

BURIAL, CREMATION, REMOVAL (Specify) EMOVAL 24. FUNERAL DIRECTOR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

250: REC'D BY REGISTRAR SEP 1 3 60

256. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in a page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

after death. Page 4

the attending physician and campletely filled in 57 the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with

HEARING AD MASHINSON DE PRATEI THE WAY SEE STATE OF THE SEE

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

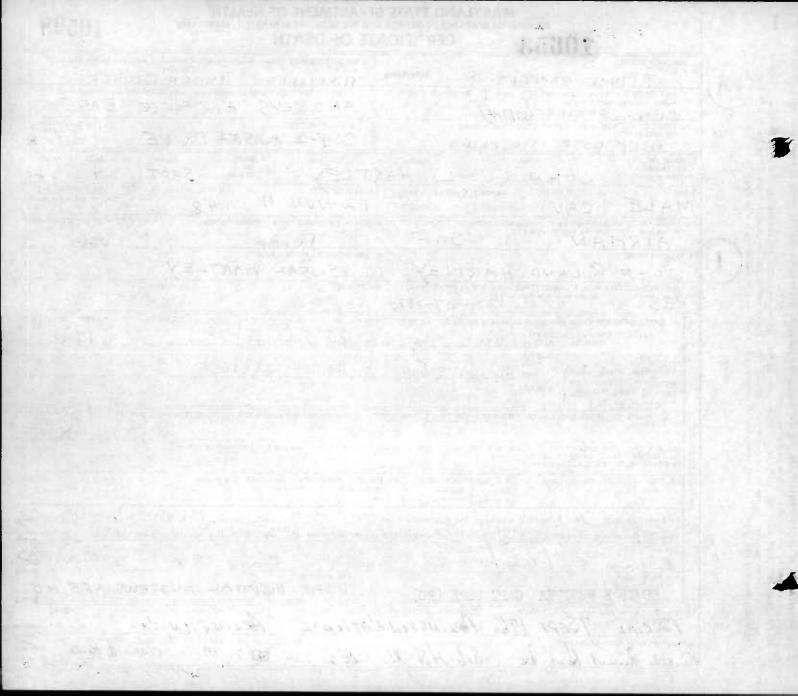
10598

	324	-106	53		CERTIF	ICATE	OF DE	ATH			26			
1.	PLACE OF DEATH		• • • • • • • • • • • • • • • • • • • •				USUAL RESID	ENCE (Who	ere decease	d lived. If insti		esidence be	fare admis	sian)
L	PHIL	OCE BE	ORGE	5	MARY	LAND	MARY	LAND		PRINCE		EORG	K3	
	b. CITY OR TOWN		ate limits, w	rite c. LENG	TH OF STAY	IN 1b	c. CITY OR TO	OWN (If a	utside carpo	rate limits, writ		0	A 400 -000	n)
	EAMP	5PRIN	63/A1	(גנות			AND	REW	5 A	IRFC	RCE	. 0	ASE	
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hos	pitol, give				d. STREET AD		10-	1 00	. , ,		e. IS RES	SIDENCE A FARM?
-	MARE	HOSP	130	DREWS			314-	1 /1	ASKI	A DRI	VE		YES [] NO [
3.	NAME OF DECEASED (Type ar print)	JOH	First		Middle	HART	LEY		4. DATE OF DEATH		Aonth PT	1	Day 4	Year 19 60
5.	SEX	6. COLOR OR	RACE 7.	MARRIED 🖪 N	EVER MARRIE	D B. D.	-		1	9. AGE (In yes		NDER 1 YEA	+	-
	MALE	CAV	wı	DOWED 🗍	DIVORCE		2 NO	VI	1		rs. Mai	nths Days	Haurs	Min.
10	a. USUAL OCCUPATI during mast af wo					R INDUSTRY	11. BIRTHPLA	CE (Stote	ar fareign c	auntry)	1	2. CITIZEN	OF WHAT	COUNTRY
-	AIRM	IAN		05	AF		1	EHM	A.			U	SA	
13	. FATHER'S NAME	0			> (14	4. MOTHER'S /		1114	~1 ~1	,			
L	NHOC	KOLAN		4 ART	LEY			SAN	HAI					
15 (Y	. WAS DECEASED EV	ER IN U. S. ARMI (If yes, give war or a)	ECURITY NO		MANT			1	Address			
F	1B. CAUSE OF DE	ATH Enter only	one cause	per line for (a),	(b), and (c).	1			-			IIN	TERVAL B	ETWEEN
Г		ATH WAS CAUSE	D BY:	Acut	V	cand	Lion I	TWEA	act			0	I ha	
	44	IMMEDIATE CA	DUE TO	raire	Tregi	Cord	mar 3	- 1-111	1001	. 7			1 7/18	
	Canditians, if	Val	1	Intraio	Sc 218	entic	HAAR	+	0,521	ASE				
	gove rise ta	immediate ((b)t	1121 11210	30 2.		// 11/(-							
	lying cause last		(c)											
CATION	PART II. OT	THER SIGNIFICAN	IT CONDITI	ONS CONTRIBU	TING TO DEA	ATH BUT NO	RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN II	N PART 1(o)	PERF	ORMED?
FICA	ACCIDENT	(4.5.10.1DEDIVO.10	- Tan	DESCRIPE HO	W. INTRUMY C.	CCUPPED /F		1-11) 1 P	4 II of item 10 I		7	YES	NO [
CERTIFI	200. ACCIDENT WOR CONTRIBUTING	G CAUSE OF Y MEDICAL EXAM	DEATH	. DESCRIBE HO	W INJURY O	CCURRED. (E	nter noture at	injury in r	off I or For	r II or iiem Ib.,	6			
MEDICAL	20c. TIME OF INJU			20d. INJURY OC			OF INJURY (H			ar town)		(Caunt	y)	(State
MED	Hour a.m. p.m.				while rork	, delety	, 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Diag., cic.						2.2
	21. I certify th	of (I) this ho	spital) a	ttended the	deceased	fram 04	15 455	Pt 12	60 , ta_	0.425	45501	19.60,	than (1)	(we) las
	saw the deced	sed alive an	455	D+ / 19	66, and	that deat	h_accurred	atA	M, fram	the causes	and a	n the da	te stated	d abave
	220. SIGNATURE	100	1/	7	7			11.5				,	2.	b. DATE
	2 gum	7 2.1	140	, frm	w	M.D.			RECTOR	STAFF PHYS.		4	SIPI	-1,60
	22c. PHYSICIAN'S NAME (Type) EDWIN	E WESTUF	RA CA	PT USAF	(MC)		USA1		SPITA	AL AN	DRE	ws /	FB,	MD.
23	la. BURTAL, CREMATI	ON, 23b. DATE	THEREOF	23c, NA	ME OF CEM	ETERY OR CE	REMATORY		23d. LOCA	TION (City, tav	n, ar ca	unty)	(Sta	ite)
	PEMOVAL (Specify	175EF	1 19	60 HR	LINGTO	NAINA	TICNAL	_	HELI	N 670N	VA	1		
24	JUNERAL DIRECTO	R'S SIGNATURE	0	ADI	DRESS	No	,	25a. REC'I	D BY REGIS			R'S SIGNAT		
1	in aldi the	end How	he	816	HA.	lt.	062	DATE	SEP 7	'60	Cirl	hur S:	(Alakah	

may be referred by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 69 the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Boord af Health prior to burial, crematian, ar remayal, and in any event, within 22 hours after death. TO HOSPITA VR A15 (4) 15M 9/59

ned by the haspital ar attending physician.

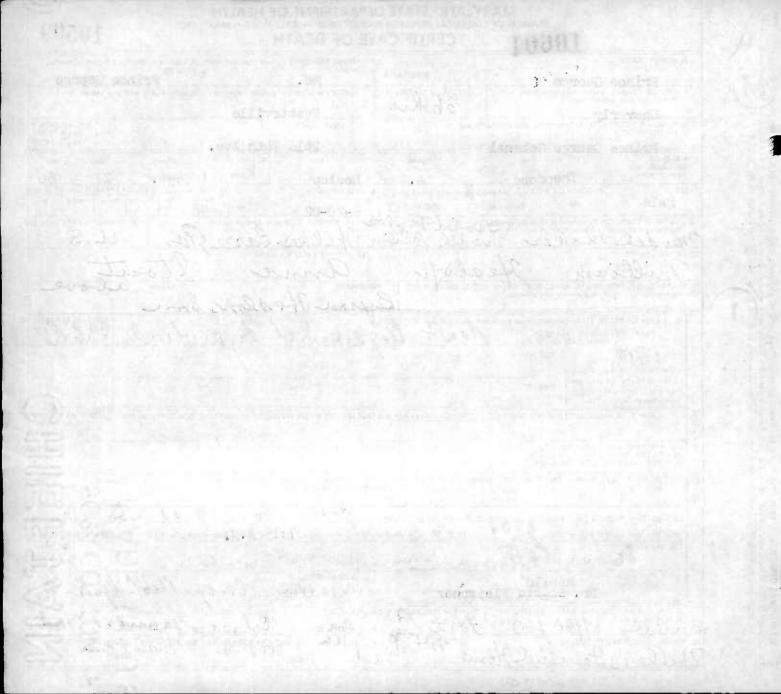


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10601

1	1)	1	()	0
1	U	U	J	17

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	Prince George	MARYLAND	Md. b. COUNTY Prince George							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)							
-	Cheverly	- Hyattsvi	Lle	ie preiprier						
X	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
	Prince George Gebenal		2816 74th	a Ave.	YES NO					
I	3. NAME OF First DECEASED	Middle		DATE Month	Day Year					
1	(Type or print) Theodore	Α.	Heslop	Sent.	27 160					
1	S. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH		YEAR IF UNDER 24 HRS.					
	Male W WIDOWE	D DIVORCED	9-20-02	58 yrs.	loys Hours Min.					
1	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, everyif retired)	AND OF BUINERS OF HOOS	TRY 11. BIRTHPLACE (State or for	reign country) 12.CITIZE	NOF WHAT COUNTRY?					
1	model maker m	odel Basir	Wilkes Da	urre Jos	1,0.					
	13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME	A+	1					
	Killiam He	slop	Uma	ylou						
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IN	FORMANT	Address a	bove					
	(if you, give was as does or restrict)	B	you Hets	loh Som						
'	18. CAUSE OF DEATH [Enter only one couse per lin	e fop((o), (b), and (c).] /		2 1	INTERVAL BETWEEN					
1	PART I. DEATH WAS CAUSED BY:	Meeta Us	unequical 1	4 (aution)	ONSET AND DEATH					
Н	IMMEDIATE CAUSE (o)	1000	1 Cooce see	yaccy	009					
-	Conditions if you which									
1	gave rise to immediate									
1	cause (a), stating the <u>under-</u> DUE TO lying cause lost.									
	, (0)									
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONI KIBOTINO TO DEATH BOT	NOT KELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN FART	PERFORMED?					
				0 11 - 12 - 10 1	YES NO P					
	OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I	or Port II or Item 16.)						
	20c. TIME OF INJURY Month, Day, Year 20d. IN While p. m. 19 at work		ACE OF INJURY (Home, farm, † 20 tory, street, office bldg., etc.) !	F. (City or tawn) (Co	unty) (Stote)					
	p. m. 19 at work	of work								
	21. I certify that (1) (this haspital) attend	ed the deceased fram	9-2 1960	ta 9-27 196	2 that (I) (we) last					
Н	saw the deceased alive on 2.26		eath accurred at 7:15M	AreM the causes and an the						
П	22a. SIGNATURE	and the second of the second o		and causes and an inc	22b. DATE					
	nocolatte.	man	M.D. PHYS. MED.	OR PHYS.	9/27//					
	22c. PHYSICIAN'S Ponold		22d. ADDRESS	2 2001	11 11/00					
	NAME (Type) Ronald Dr. Roland Fle	eischer	V432 aullus	Chapter Col &	39 Horte					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY 224	LQCATION (City, town, or county)	(Stote)					
	A REMOVAL (Specify) 9/30 /60	tot	0.	Paras mark	v. mil.					
1	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS LE R	250. REC'D BY	REGISTRAR 25b. REGISTRAR'S SIGN	NATURE					
	na 000 11 4 1000 34	and n	TOCT	3 60 Galling I	Tirale					
1	Marcy summer 10	//	a. DATE							
di.	V Anc.									



1. PLACE OF DEATH O. COLINIY Prince George	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Prince George							
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) Chever Ly	c. LENGTH OF STAY IN 16 5 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hyattsville						
d. NAME OF HOSPITAL (If not in hospitol, give or institution Prince George General		d. street address 6850 Freepo	ort St.	1	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) Alice	Middle	Hildebrand	4. DATE OF DEATH	Sept. 1	3 Yeor 60				
ma 40 10 0 0 0	7. MARRIED NEVER MARRIED WIDOWED M DIVORCED	12-17-86	9. AGE (In last 3 irth		YEAR IF UNDER 24 HRS Doys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work de during most of working life, even if retired) HOUSEWITE	one 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Slote Va.	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY				
John L. Wilson		Mary L. I		Contract of the second					
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes. no, or unknown) Ilf yes. give war or dates of sen	None M	argaret Peter yattsville.	erson-6850	Address Freepo	ort St				
Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT COND	Arteriosclerosi Diabesis Melle	tis	INAL DISFASE CONDITIC	DN GIVEN IN PART	tol 19. WAS AUTOPS				
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUR				PERFORMED? YES NO				
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19		PLACE OF INJURY (Home, forn foctory, street, office bldg., etc		(C	ounty) (State				
sow the deceased alive on Sep	21. I certify that (I) (this haspital) attended the deceased from Sept. 8 10 60 Sept. 13 19 60, that (I) (we) lost sow the deceased alive on Sept. 13 19 60, and that death occurred at 11 0, from the causes and on the date stated above.								
220. SIGNATURE	e reluce	M.D. PHYS.	ED. STAFF		22b. DATE 9-13-0				
PAME TYPE Bonald S. F.	leischen M.D.	22d. ADDRESS 54 1432 avk	32 Queens Cl	75 11-	Hyattsvill				
23g. BURIAL CREMATIONS 23b. DATE THEREOF REMOVAL Specify) 9/17/60	23c. NAME OF CEMETERY Cedar Hill		23d. LOCATION (City, Suitland		(Stote)				
24. FUNERAL DIRECTOR'S SIGNATURE	300 HODRESS ST	1/13	D BY REGISTRAR 25b	REGISTRAR'S SIG					

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 har after death. Page 4 may be refuned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay VR A1S (4) 1SM 9/S9

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MARYLAND ST	ATE DEPARTMEN	NT OF HEALTH-	-BALTIMORE,	18
1065 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	R

Reg. Dist. No. 10602

Prince		MARYLAND	2. USUAL RESIDENCE (WHO oSTATE Engla:	nere deceased lived. If Institution b. COUNT	lion: Residence be Lancash	fore odmission)		
b. CITY OR TOWN ond give neorest	N (If outside corporate limits, write RURAL town)	c. LENGTH OF STAY IN 16 D.O.A.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blackpool (
	SPITAL OR INSTITUTION (If not in hos Med. Center	pital, give street address)	13 High St.	, N.S.		ON A FARM?		
3. NAME OF DECEASED (Type or print)	CHRISTOPHER	Middle HINI		OF DEATH Sept.	30°y	Year 19 60		
5. SEX Male	MIDOWEL			9. AGE (In years day birthday) yrs.	Months Days	IF UNDER 24 HRS. Hours Min.		
during most of wo	ATION (Give kind of work done 10b. Korking life, even if refired) Guard BI	ind of Business or Industriction R.R.	England	r foreign country)	12. CITIZEN O Englan	F WHAT COUNTRY?		
13. FATHER'S NAME William H			14. MOTHER'S MAIDEN NA	AME				
15. WAS DECEASED			innie Hindle	(Wife) Same	as # 2			
Conditions, if gove rise to im (o), stoting th couse lost. PART II. (ony, which by Murs of the underlying of the significant conditions co	al Thrombus of onary Arteriosc eralized Arteri	ll of left au Left auricle derotic Hear losclerosis	t Disease	EN IN PART 1(o)	l week years years		
CAUSE OF DEAT	NJURY Month, Day, Year 20d. I m. While		CE OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stote)		
21. I certify	that I taak charge of the reted fram: Natural causes and authorized the payon of the reted to th	emains described about Accident , Suid ACCIDENT ACC	_M.D. CHIEF MEDICAL EXA ASSISTANT MEDICAL DEPUTY MEDICAL EX CREMATORY	MINER CAMINER	9-30	DATE SIGNED O - GO G (State)		
Burial Special Control of the Burial Special Control of the Burial	OR'S SIGNATURE	Ft. Idneoln C ADDRESS ille, Md.	24a. REC'D	T 4 100	STRAR'S SIGNATUR	RE		

VS. A15ME(5) 5M 9/55

MARYLAND STATEDISARTAMENT OF HEALTH-DAUTHORS, TO BEATH. BY SECRET STATE OF DEATH.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10601

1		PLACE OF DEATH COUNTY MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) of STATE b. COUNTY D.							
1	1	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 18	MITHE LEANS							
	N	RURAL and give negrest tawn)	MAR 1111 6 8: 1 8							
	11	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS							
1	1	OR INSTITUTION	415 MADLE RD ON A FARM? YES NO M							
		NAME OF First Middle	770 11111-20 110							
		OCEASED (Type or print) FRANK RICHARD	HILL OF DEATH SEPTEMBER 21 1960							
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.							
		MALE CANCASIAN WIDOWED DIVORCED	11 JUNE 1760 yrs. 3 10							
	10a.	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
		NA	WASHINGTON, D.C. USA							
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		JAMES V. HILL	DOWNA J SANFORD							
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give pay or dates of service)	ONNA T. HILL (MOTHER)							
	T	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
I	7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH								
30-		Canditions, if any, which)	10 Vouring by lass Rotting							
		gave rise to immediate DOE TO	es y outres fuces. Toes with							
		lying cause last.	For orrely)							
1	CATION		PERFORMED? YES NO NO							
7	ᇤ	RED. (Enter nature of injury in Part I or Part II of item 18.)								
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)							
	MEDI	Haur a.m. While Not while p. m. 19 at wark at at wark	factory, street, affice bldg., etc.)							
		21. I certify that (I) (this haspital) attended the deceased from	121 SECT 1960, to 21 SECT 1960, that (1) (we) last							
		sow the deceased olive on NEVER 19 , and the	deoth accurred atM, from the causes and an the date stated abave.							
		22a. SIGNATURE	22b. DATE							
		Illa la Cara Born	M.D. ATTENDING MED. STAFF PHYS. SIGNED 21 Sep 60							
400		22c PHYS CIAN'S	22d. ADDRESS							
		NAME (Type WILLIAM H PENISTON, MAJ USAF	MC USAF HOSP ANDREWS, ANDREWS AFB, WASH 25 DO							
	23a.		OR CREMATORY 23d. LOCATION (City, toyrn, or county) (State)							
		PSULVEY 9-23-60 Celw	Helf Scuttand md							
	24.	PUDERAL DIRECTOR'S SIGNATURE ADDRESS HALL	ed SE 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE							
	2	Simmons Pris. 1661-Good Hope	DATE DATE							
	10	a gilvilvilxvil								
1	100									

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurz after death. Page 4 med by the haspital ar attending physician.

TO HOSPITA

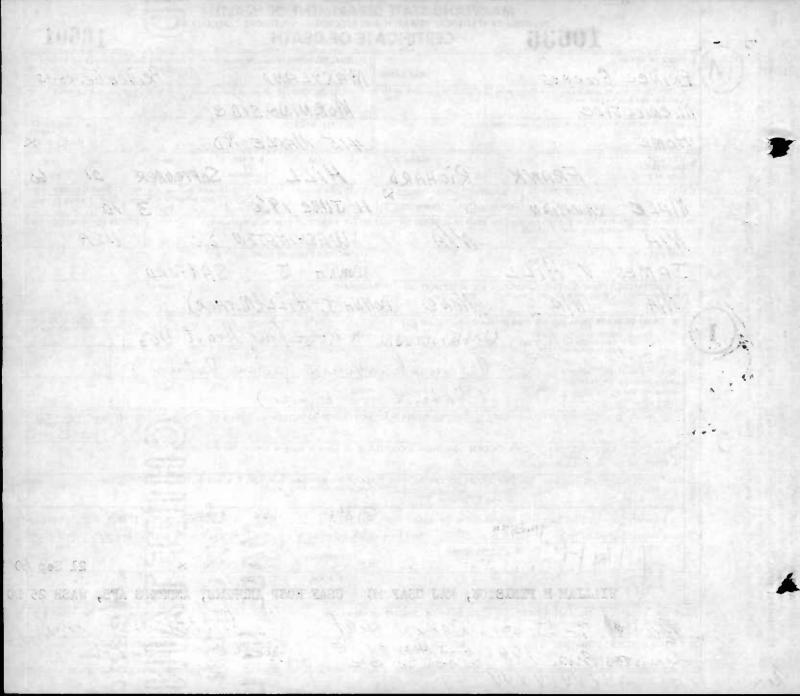
VR A15/(4) 15M-9/59 Noos

may be recorded by the haspital ar attending physician.

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Then please remave carban papers. Pages 1 and 2 shauld be filed with

the funeral directar,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10603

		2001		Caltin							
	Prince Georges			MARY	LAND 2.	USUAL RESIDENCE (D. C.	b. COUNTY	on: Resident	ce before ad	mission)
RURA	OR TOWN (If I ond give ned nn Dale	/ "	mits, write	and 16'd	5 mont	c. CITY OR TOWN (outside corpor Washin		URAL ond g	give nearest t	rown)
d. NAM OR II	E OF HOSPITA	L (If not in hospitol,	give stree	t address)		d. STREET ADDRESS				01	RESIDENCE N A FARM?
Gle	nn Dale	Hospital					115 Lo	ngfellow	St.,	MM AER	S NO D
3. NAME (DECEAS (Type or	ED		Lucy	Middle I.		Holden	4. DATE OF DEATH	Mon 9		Doy 30	Yeor 19 60
S. SEX		6. COLOR OR RAC	7. MAF	RRIED 🖾 NEVER MARRII		ATE OF BIRTH		AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR IF U	INDER 24 HRS
Fema.	le	Negro	WIDOV	VED DIVORCE	D	10/27/26		33 yrs.	-	Doys Ho	a min.
10a. USUAI during	L OCCUPATION	N (Give kind of wor	k done 10b	. KIND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (Sto	ote or foreign co	untry)	12. CITI	ZEN OF WHA	AT COUNTRY
	sewife			A THE WAY		Va.				USA	
3. FATHER	'S NAME		0.140		1	4. MOTHER'S MAIDEN	NAME				
Walt	er Pete	rson			wist.	Hest	er Lee				
15. WAS DI		IN U. S. ARMED FO		S. SOCIAL SECURITY NO	17. INFO	RMANT		Add	ress		
Unkn	'	- you, give war or dates		Unknown	di bili	Decedent					
18. CA	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]								ONSET A	L BETWEEN	
IMMEDIATE CAUSE (o) MASSIVE PULMONARY REMOTETIAGE									1	MALIA .	
002X DUE TO											
Conditions, if ony, which gove rise to immediate (b) Pulmonary Tuberculosis, Far Advanced								3 A	rs, 2 I		
	couse (o), stoting the under-										
	lying couse lost. (c)										
CERTIFICATION OB CO (IF EITI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO									REFORMED?	
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)										
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work										
	21. I certify that (I) (this haspital) attended the deceased from 11/16 515 1958, to 9/30 1960, that (I) (we) last saw the deceased alive on 1960, and that death accurred at A. M. from the causes and an the date stated above.										
	220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR							9	22b. DATE SIGNED		
	HYSICIAN'S AME (Type)	Moe V	leiss.	, M. D.	314	22d. ADDRESS		nn Dale enn Dale	-	tal	
REMO	CREMATION VAL (Specify)	Och I,	196	23c. NAME OF CEM	ETERY OR C			TON (City, town,		ount.	(Stote)
D.	avis	- M.	We	Clon al	dhan	A VQ DATE	0	1960 ZSB. REGI		- A- U	
							OCI	5 '60	CAR	w/ d. /c	ACHORAGE.

OCI 5.

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITA

VR A1S (4) 1SM 9/59

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277345XV3

	1. PLACE OF DEATH o. COUNTY Prin	ce Georges		MARYL		USUAL RESIDEN a. STATE		ere deceased	d lived. If instit b. COUN	TY _	ice before o	
		f autside corporate limit	ts, write c.	LENGTH OF STAY	N 16	c. CITY OR TOW	-		rate limits, write			-
		erlv	100	2 days		Pa	lme	r Parl	۲.			
7		'AL (If not in hospital, g	ive street add	dress)		d. STREET ADDI					e. 19	RESIDENCE
		GeorgesGene	ral Ho	ospital		71,67	7	83rd	Place			S NO
	3. NAME OF DECEASED	Fin		Middle		Last		4. DATE	N	lanth	Day	Year
	(Type or print)	Babet	te	Ann	Н	olland		DEATH	12	Sept	1960	19
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	B. D	ATE OF BIRTH	4.13		9. AGE (In year lost birthdoy	IF UNDER	TYEAR IF L	JNDER 24 HRS.
	Female	White	WIDOWED	DIVORCED		10Sept.1	960			rs. Months	Doys He	ours Min.
	10a. USUAL OCCUPATIO		lane 10b. KI	ND OF BUSINESS OR	INDUSTRY			or foreign o	ountry)	12.CIT	IZEN OF WH	AT COUNTRY?
	None	king lire, even ir renired)		None		Mary	rl and	d		T	I.S.A.	
Y	13. FATHER'S NAME			eviic .	1	4. MOTHER'S MA						
3	7.J-5 T	liam Franc	is Wal	lland	189	Bern	1200	M Ci	bson			
1	15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SO		17. INFO		III.	-MU		ddress	11.00	115 116
	(Yes, no, or unknown)	(If yes, give war or dates of se	HAICE)		- 12	Mother						
	Conditions, if o gave rise to i couse (o), stoting lying cause lost.	m mediate	Pa	LL CX	Lus Lus TH BUT NO	related to the	IE TERMII	NAL DISEAS	E CONDITION (GIVEN IN PAR	RT 1(a) 19. V	VAS AUTOPSY ERFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) LY Month, Day, Yea	or 20d. INJU	Not while	20e. PLACE	OF INJURY (Hom	ne, form	, 120f. (City		(YE County)	S NO (Stote)
		.,		ot work		1.0			0 10			
	21. I certify the saw the decear 220. SIGNATURE 220. PHYSICIAN'S NAME (Type)	at (1) (this haspital sed alive an 9) attended -12 -92	the deceased in 1960, and	that dea	ATTENDING	6, 45	Mram .	9-13 the causes STAFF PHYS. □			(I) (we) last ated abave. 22b. DAYE SANED
		Dr.George	Hageag	e.,M.D.		Mt	Rat	inier.	_Md			
	23a. BURIAL, CREMATIC REMOVAL (Specify)	9/14/60)F	23c. NAME OF CEME Evergree					TION (City, tow			(State)
-	24. FUNERAL DIRECTOR	s Sons Ilya	ttsvil	ADDRESS lle, Md.			a. RES	BY REGIS	25b. RE	GISTRAR'S S	GNATURE	

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be rewarded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

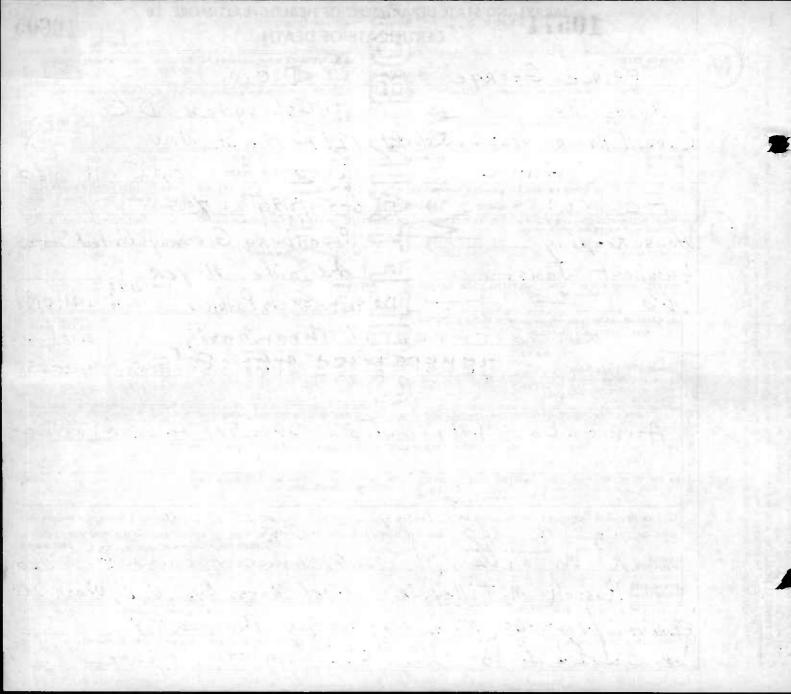
HINEONS TARRESTED EDUNT marketing and a second owners DOSE AND ME TO THE REAL PROPERTY OF THE PARTY OF THE PART mording a not reply and an addition of the state of the s The same of the sa All Extension THE REPORT OF THE PROPERTY OF THE PARTY OF THE PERTY.

VS A15 (4) 15M 9/58

10605

Reg. Dist. No.

A	1. PLACE OF DEATH g. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	PRINCE GEORGE MARYLAND	o. STATE D. C, b. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURA), and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
	Hvattsville	Washington D.C. 47X-3
4	d. NAME/OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
0	Carroll Manor 4922 La Salle Rd.	1947 - 394 St. N.W. YES NO
	3. NAME OF DECEASED First Middle	Last 4. DATE Manth Day Year
	(Type or print) HNN	Jansen DEATH SER 11 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1875 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
_	FE WIDOWED DIVORCED	6-5-18186 Days Haurs Min.
1	10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUS during most of warking life, eyen if retired)	STRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
I.	House Keeping -	Popenburg, GERMANY United States
_	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Lambert Jansen	Adelaide Meyer
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or ugknown) (If yes, give wor or dates of service)	NFORMANT Address 4922
	NO - SR	.M. FRANCIS Patricia LA SAII eRO
	18. CAUSE OF DEATH [Enter only ane cause per line for (a), (b), and (c) _γ]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CE FC6 F	al Thrombosis 24 his
	233 DUE TO	
	Conditions, if any, which) (b) general	13ed Arlerio Scherosis years
	gave rise to immediate cause (a), stating the under-	
	lying cause lost. (c)	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	Auricular fibrillal	104 - Congestive failure YES NO 14
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 2005 CONTRIBUTING 2005	D. (Enter nature of injury in Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	- L	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)
	Hour a.m. p. m. 19 While Not while at wark at wark	nory, street, office blogs, etc.)
	21. I certify that I attended the deceased fram. Aug	, 1959, ta SepT 1/ , 1960, that I last saw the deceased
		accurred at 5-45M, fram the causes and an the date stated above.
	(2)	ADDRESS (Street, city or town, state) was h DATE SIGNED
	SIGNATURE K. M. Mey J.	M.D. 4701-mass. Ane. W.W. DC. 9-1/20
	PHYSICIAN'S D 11 44 -/// T	1 11 1 1 2
	NAME (Type) TUSSE! M. Tilley, JR.	4701 Mass, Ave., N.W., Wash. OC
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	REMOVAL 9-14-1960 MT. CALVARY	-PINEHILL DUFFALO, N.Y.
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SE	AN AN REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	of Lawlers sousk, Hash.	(2), C. DATESEP 13'60 Orthun 8. Knows
	0	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10606

			Kag. Dist. No.
	1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) Mary land b. COUNTY Prince George 1s
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel Md	c. LENGTH OF STAY IN 16 Sudden	c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) Beltsville
	d. NAME OF HOSPITAL OR INSTITUTION (If not Laurel Md Shopping Cer	in hospital, give street address)	d. STREET ADDRESS 12415 Gun Powder Road on a Farm yes on No.
	3. NAME OF DECEASED (Type or print) MAHION	ARTHUR Middle JOHN	NSON Lost 4. DATE OF Septe 22 Year 60
	5. SEX Male 6. COLOR OR RACE 7. WID	AARRIED MEVER MARRIED 8. OWED DIVORCED 2	DATE OF BIRTH 29 Jan 1894 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 H Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life seven if refired)	106. KIND OF BUSINESS OR INDUSTR $E.R.C.O.$	11. BIRTHPLACE (State or foreign country) Maine 12. CITIZEN OF WHAT COUNT U.S.A.
1	13. FATHER'S NAME Albert A. Johnson		14. MOTHER'S MAIDEN NAME Margaret E. Conley
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year) (Year		na A. Johnson Same as # 2 (Wife)
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO (b) M1 (b) M1 (c) C	erebral Thrombosis Mural Thrombus ural Thrombus and oronary Occlusion	s secondary to embolization from Minutes s. old Myocardial Infarction Weeks , left anterior descending, old. Weeks otrelated to the terminal disease Condition Given in Part 1019. Was autops
	Y 20g. EXTERNAL CAUSE WAS 20b. DES		PERFORMED? YES NO [Noter noture of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year	20d, INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, ry, street, affice bldg., etc.) (City or town) (County) (State
	21. I certify that I taak charge of the death resulted fram: Natural cause		
	SIGNATURE Day In	Walken	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	220. BENAVIAL (SPECIFIC). 22b. DATE THEREOF	22c. NAME OF CEMETERY ORX	CREAKTORY 22d. LOCATION (City, town, or county) (State)
	Burial Sept 26, 19 23. FUNERAL DIRECTOR'S SIGNATURE	60 Arlington Nat	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	F Ganabla Sana Hya	ttarrilla Ma	SEP 27 '60 Collar S. Trans

VS. A15ME(5) 5M 9/55

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wises later 200					
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24o. REC'D BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

Contrar & France

VS. A15ME(5) 5M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE

numera 1500

22c. NAME OF CEMETERY OR CREMATORY

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registrar

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iner's Office

Ficate, writing the ward to the Chief Medical Exami DIRECTOR: Page 3 should

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Page 5 m Page

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EXAMINER'S

NAME (Type)

220. BURIAL, CREMATION.

VS. A15ME(5) 5M 9/55

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cute the

FUNERAL

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REMOVAL (Specify) Bethany Cemetery FUNERAL DIRECTOR'S SIGNATURE Gasch's Sons Hyattsville

22b. DATE THEREOF

Austinville

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Va. 24b. REGISTRAR'S SIGNATURE

(Stote)

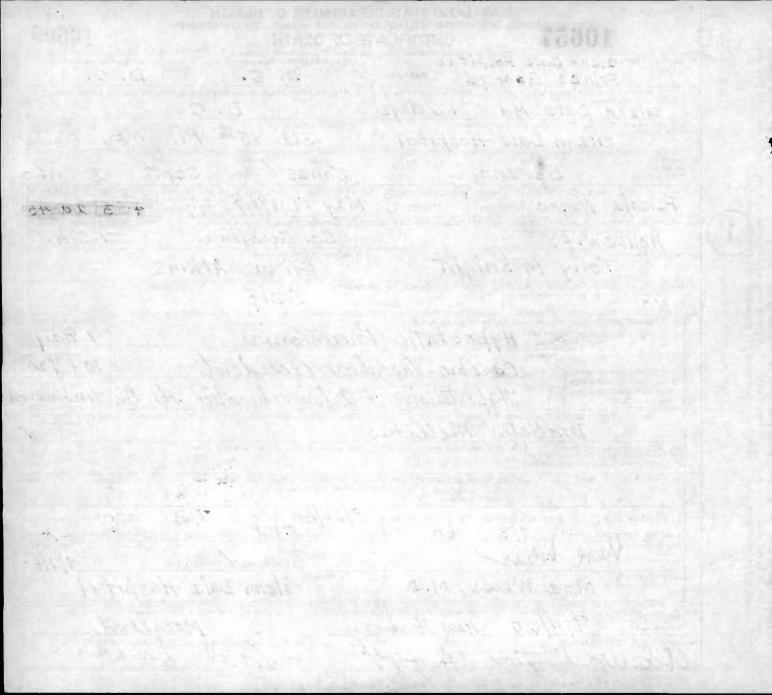
24a, REC'D BY REGISTRAR DATE

22d. LOCATION (City, town, or county)

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9 '60

DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) SM 9/55

	CERTIFICATE OF DEAT	EXAMINERS	ADMIM NOT	
		A ROBERT STATE		
				A CONTRACTOR
	Pretrumpedu des _{de}		Street,	
	Eliterant south state in			
ET AND THE REAL PROPERTY.				

X	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1060: CERTIFICATE OF DEATH 10611
M	PLACE OF DEATH o. COUNTY Prince George MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY Prince George
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Cheverly C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale . Md.
077	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Prince George Hospital d. Street Address 6511 Auburn Avenue (3rd. Street) e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3.	NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF DEATH Sept. 24 1960
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months Days Hours Min. Male W WIDOWED DIVORCED Aug 13. 1885 75 yrs. Wonths Days Hours Min.
F 13	Oc. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sheet Metal Worker Ohio 14. MOTHER'S NAME Phillip Kromer Ohio 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	WAS DECEASED EVER IN U. S. ARMED FORCES? No. or unknown) (If yes, give ter or dates of service) 300016180 Josephine M. Kromer Same as # 2 (Wife)
or remayal, and in any	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) Dand (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (c) DUE TO (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. Dot work of wo
of Health prior	21. I certify that (I) (this hospital) attended the deceased fram 9 10 1954, to Signature 226. SIGNATURE M.D. PHYS. MED. OIRECTOR STAFF 9/24/80 21. I certify that (I) (this hospital) attended the deceased fram 9 10 1954, to Signature 10 1954, to Signature 22b. DATE SIGNED

d an the date stated above. 22b. DATE SIGNED 9/24/80

22d. ADDRESS Unev. Park, Md.

23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Crematory

23d. LOCATION (City, town, or county) Colmar Manor

Md.

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons

NAMPARdo B. Moyers

9/26/60

23a. BURIAL, CREMATION, 23b. DATE THEREOF

22c. PHYSICIAN'S

Hyattsville, Md.

25a. REC'D BY REGISTRAR SEP 2 7 '60 DATE

25b. REGISTRAR'S SIGNATURE arthur S. Thank

TO FUNERAL DIRECT page 3 should be d the State Board of H

TO HOSPITA VR A1S (4) 1SM 9/S9

THE RESIDENCE INSTRUCTION OF . Mil , Windrieville a line (iteania .out) The same of the sa assessed stiple Call the state of the second The state of the second st Security of the security of th A male-contest expended attenta at 1 10 00 00 month there

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		1006	5	CERTIFI	CATE	OF DEA	TH				TOOT
1. (PLACE OF DEATH			MARYL		USUAL RESIDENCE	(Where decea	sed lived. If in		dence before	e admission)
		nce George				Marca		Distric			
	b. CITY OR TOWN (If RURAL and give ne	outside corporate lim orest town)	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	(If autside car	porote limits, w	rite RURAL o	nd give near	rest town)
	Cheverly			36 days		Was	hington	D.C.		4-	/ X
	OR INSTITUTION	AL (If not in hospitol, o	give street	oddress)		d. STREET ADDRES					e. IS RESIDENCE ON A FARM?
	Prince Ce	orge Gener	al Ho	spital		314	16th	St. N.	E.		YES 🔣 NO 🎉
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE		Month	Day	y Year
	(Type or print)	Gernie		M.	La	ambert	DEAT	H Se	ept.	21	. 19 60
5. 9	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In lost birth			Hours Min.
	Female	White	WIDOW	ED DIVORCED		3 May 1	899	61	yrs.	is buys	Mill.
10a	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	State ar foreign	country)	12.0	CITIZEN OF	WHATCOUNTRY
	None	mg ma, even in remed				Churchy	ville,	Va.		U.S.	A.
13.	FATHER'S NAME	War Time S	17-18		14	4. MOTHER'S MAID	EN NAME				-5-4
		?	Br	ight		Unknow	n				
		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	RMANT			The second second		.street
1	No	it yes, give war or dates or t	ervice)		Mr:	s. Ruby	S. Rh	odes M	It. Ra	inie	r, Md.
		TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]		P			7		RVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	. /	Ventre	cula	~ Lebr	ulal	con (Clini	cal	ET AND DEATH
	35	DUE TO	-	n n		0					
-31	Canditions, if an	y, which	· K	est dh	har	, dech	m	from			
	gave rise to in	nmediate (1	1		-	·			
	couse (a), stating t lying couse last.	he under-	1	huno t	OX	ucos	5				
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE T	ERMINAL DISEA	ASE CONDITIO	n given in i	PART 1(a) 15	P. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injur	y in Port I or P	ort II of item 1	8.)		
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye			20e. PLACE	OF INJURY (Home, , street, affice bldg.	farm, 20f. (C	ity ar town)		(Caunty)	(State
MED	Haur a.m. p.m.	19	While at war	rk ot work	lociory	, sireer, urrice blug.	, etc.)				
	21 I certify that	t (I) (this hospita	l) attend	ded the deceased f	rom C	oct	1959 to	Sopt	- 10	60th	at (1) (we) las
	saw the decease	100001	15 1 males	20_196 O, and 1							
	220. SIGNATURE	Cu dive on		LELL 1732 SPT GITG I	nai deai	I decorred di	- Janear G	ii ilie cause	# A	;	22b. DATE
	Bull	men A.	mi	eller	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		,	SIGNE
0	22c. PHYSICIAN'S					22d. ADDRESS	3824	1-34	Ct.	at,	
	NAME (Type)	r. B. Mill	er.			my.	Ra	inic	12.	mi	d,
23a	BURIAL, CREMATION	N, 23b. DATE THERE		23c. NAME OF CEME	TERY OR CE	REMATORY	23d. LOC	ATION (City, t	awn, ar coun	ty)	(Stote)
	REMOVAL (Specify) Burial	9/24/1	960					rchvi			
24.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS NOT	Rain	uer 250.	REC'D BY REGI	STRAR 2Sb:	REGISTRAR'S	SIGNATUR	E
M	alleris:	Freneral	Hon	ie, ma	ryla	and DATE	SEP 23	'60	arthur	& He	4.6

Inc.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be replied by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 hours offer death.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
1060 MEDICAL EXAMINER	S CERTIFICATE OF DEATH Rog. Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)
a. COUNTY Pr Seo MARYLAND	o STATE & COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
CHEVERLY DOA	WASITINGTON TIXE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 202 Trent PL 58 ON A FARM? YES NOON
3. NAME OF DECEASED (Type or print) - AM /= S Middle	1 1 1 052 DEATH SUBST 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year least bigridger) 9. AGE (In year least bigridger) Months Days Hours Min.
WIDOWED DIVORCED	Bec 10-1745 14 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
ADAM R. LANSOSZ	IsobellE MCLAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
7790	them find oss about
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	NIAL MEMBERHAGE
Conditions, if any, which) (b) (EBYAC	CONTUSSIONS + unst
gove rise to immediate cause	C 0/0 / 400 / 6/0 / C 1
(c) stoting the underlying occuse lost.	RS FRACTURE OKUIY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY DOC CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
200. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING COURSED.	(Enter noture of injury in Part I ar Port II of item 18.)
	ycle & Struck by a truck
	ACT OF INJURY (Home, farm, 20f. (City or town) (County) (State) clopy, street, office bldg., etc.)
21. I certify that I took charge of the remains described ob-	
deoth resulted from: Notural couses, Accident Su	
ACTUAL SIGNATURE DE SUM DWALKENS	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S DAYTON O WATK!	ASSISTANT MEDICAL EXAMINER 9-1-60
22g, BURIAL, CREMATION, 22b. DATE THEREOF 22g NAME OF CEMETERY O PRO CHESTERY O	ex CREMATORY 22d. LOCATION (City, Jown, or county) & (Slote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 41-11th 11	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH 4 TOTAL	THE PROPERTY AND THE PARKINERS
	Management of Contract Contraction of Interest of Montract
	Company Company
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10614

	10008		CERTIF	ICATE	OF DEATH				T	001	. X
1. PLACE OF DEATH				2.	USUAL RESIDENCE (W	here deceased		on: Reside	nce befo	re admis	sion)
	e George		MARYL	AND	o. STATE	vland	b. COUNTY	Pr-	ince	Geo	TTO
b. CITY OR TOWN (IF	outside corporate limits,	write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	-	rote limits, write R				
Chever]			31 days		College Par	rk		71			
d. NAME OF HOSPITA	AL (If nat in haspital, giv	e street ac	ddress)		d. STREET ADDRESS						SIDENCE
	ges General	L Hos	pital		4707 Amher	est Roa	.d				A FARM?
NAME OF DECEASED	First		Middle	MI S	Lost	4. DATE OF	Man	th	Do	ıy	Year
(Type or print)	Esth	ner		Lee		DEATH	Sept		10		1960
. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE	D 8. D	ATE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UND	ER 24 HR
Female		WIDOWED			E/20/87		lost birthdoy) 72 yrs.	Manths	Days	Haurs	Min.
00. USUAL OCCUPATIO	N (Give kind of work do			_	111. BIRTHPLACE (Stote	e or fareian co		12. CI	TIZEN O	WHAT	COUNTRY
during most at work	ing life, even if retired)	100					7,	U	-		2001111
	wife	0	wn home		Ohio			0	S	4	
3. FATHER'S NAME	- A D Cmi	4		1	4. MOTHER'S MAIDEN						
ALD	ert B Cris	Ly			white	iina L.	indsley	3000			
(Yes, no. or unknown)	IN U. S. ARMED FORC		OCIAL SECURITY NO.	17. INFO	RMANT		Add	ress	3.17		
(ros, no, or oncovery	n yes, give wor or do as or ser	7.3	one	Alfr	ed R Lee	Colle	ege Park	. Md			
18. CAUSE OF DEA	TH Enter only one caus	se per line	far (a), (b), and (c),)				0	-	LINT	ERVAL BE	ETWEEN
	TH WAS CAUSED BY:	o por imo			OMATO				ON	ET AND	DEATH
170	IMMEDIATE CAUSE (o)_		077		0mm 10	315			-	ZM	05
1/0	DUE TO					1					
Conditions, if an	y, which) (b)_	F	Lewo c	AKC	INO M	A P	nens	(1	yK	•
gove rise to in cause (o), stating t											
lying cause lost.	(c)_				THE PARTY						
PART II. OTH	ER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a)	9. WAS	AUTOPS
PART II. OTH OFFI 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)											DRMED?
200 ACCIDENT WA	S LINDERLYING TO 12	Oh DESCE	PIRE HOW INJURY OF	CLIPPED /F	inter noture of injury in	Part Lor Port	II of item 18)			100	
OR CONTRIBUTING	☐ CAUSE OF DEATH	OD. DESCR	TIDE TIOW II WORT OC	CORRED. IL	.mer notore or injery in	1011101101	11 01 110.11				
20c. TIME OF INJURY Haur o. m.	Month, Day, Year			20e. PLACE factory	OF INJURY (Home, for , street, affice bldg., et	m, 20f. (City	or town)		(County)		(Stot
p. m.	19	While at wark	Nat while								
21 I contifu that	t (I) (this haspital)	attanda	d the deceased i	Com A	10. 4	100	SepTIC	2 10	604	-+ /I\ /	(a) l=
	0/1										
saw the decease	ed alive-an2/	rot_0	Q_19, and	that deat	th accurred at 1	HM) tram	the causes an	d an th	ne date		
22a. SIGNATURE	mem A o	ust	Nomea	M.D		NED.	STAFF PHYS.		0	1/10	SIGNE
22c. PHYSICIAN'S					22d. ADDRESS	2			1		140
NAME (Type)	N. Comeau				3503 1	zuny	51 M	17/	1417	VIEI	n M
					1						
23a. BURIAL, CREMATION REMOVAL (Specify)			23c. NAME OF CEME Cedar Hi				ION (City, town,	, ,		(Sto	te)
Burial	~ept 13,	1900	Cedar ni	TI CE	metery	Suit	Land Md	•			
4. FUNERAL DIRECTOR'S			ADDRESS			D BY REGIST					
F. Gasch'	s Sons Hy	atts	ville, Md	•	DATE	SEP 1 3	60	lilling	S. Th	all	

			agant
			Spread operation
		the state of	
			น ได้มีเสีย ของเทียง มากรที่ไ
36			saldes
			Mark of sell
	Fig. Dollog Park		
	LEADER BROWN		

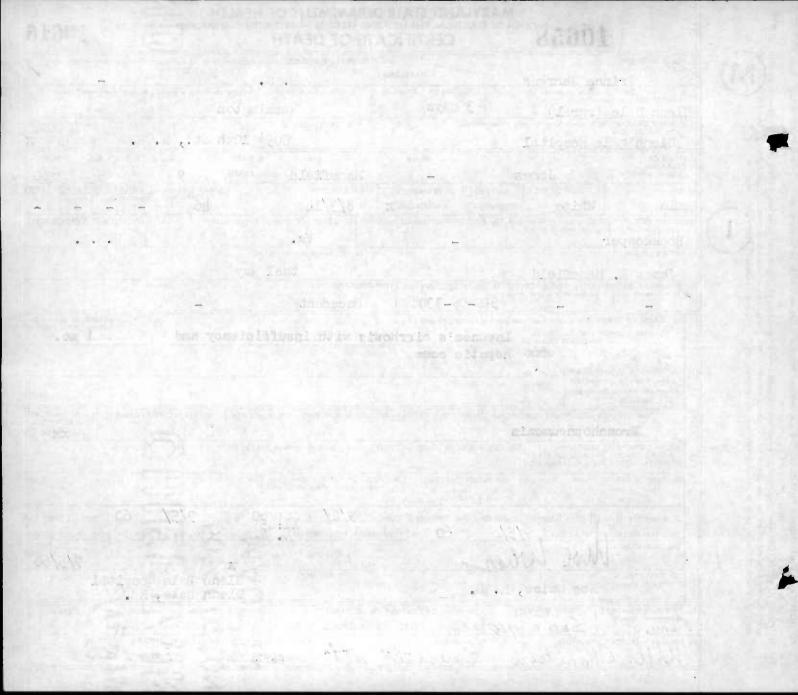
1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	V	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10615
hauld b	1	Reg. Dist. No.
aul	Y	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) 3. COUNTY 4. COUNTY
0 to	(NA)	PRINCE GEORGES MARYLAND MARYLAND B. COUNTY PRINCE GEORGE
age urial,	(1A1)	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) ond give nearest town)
r. P.		CHEVERIY D. O. A. HYATISV: 115
tor to	600	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Pri d	Delle	PRINCE GEORGES 3512 MADISON PL. VES NO X
ur f		3. NAME OF First Middle Last 4. DATE Manth Day Year OF
fund fund regi	Sec. 537	(Type or print) PETER SHARIES LYNARD DEATH SEATH 16 1960
to the		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yafra lot birthday) Months Days Hours Min.
3 to faine		VI ale While WIDOWED DIVORCED 10-23 1909 50 yrs.
12 a a	(w	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
and and	(1	RESTURANT PROP. WASH. D.C U.S.
3 - S		19. NOTHER OF HEADER TYPING
5000		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Pag Pag	- R# 35	(Yes, no, or unknown) (If yes, give war or dates of service)
3. 3. S.		NO none MRS. ROSE MARIE (Wife) (SANC)
P. W.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1, DEATH WAS CAUSED 8Y:
arm are		MART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stokes after Synthe (motion)
ith f		DUE TO
al K		Canditians, if any, which (b)
pen		(a), stating the underlying DUE TO
E . E . S		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
officers		PERFORMED? YES NO NO
endi er's use	^	
d be	0	20a. EXTERNAL CAUSE WAS RIMARY ar CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
ward Fxa shaul		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
he he		Haur a. m. While Nal while factory, street, affice bldg., etc.) p. m. 19 at work at work
wed wed		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry , and find that
Ref. F.		death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined cause
rcate, the Chi		
		SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER []
_	6	ACCIOTANT MEDICAL EVANIATED
FE C		EXAMINER'S NAME (Type) DAYTON OWATICINEDICAL EXAMINER'S 9-16 60
	5	22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5 . 5		Burial 9/20/60 Glenwood Cemetery Washington, D. C.
/S. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/55		The S. H. Hines Co. Washington, D.C. DATEFP 20'60

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	Security 1			
STATISTICS SERVICES OF PERSONS TO SERVICE				
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ilsorround on on proper all \$			NOT REQUIRE TO THE	
	Mark S			
SOUTH TO SERVE		,		

fter death. Page

TO HOSPITAL

a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY				
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Glenn Dale (rural)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington				
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION Glenn Dale Hospital	street address)	d. STREET ADDRESS 8051 10th St., N. W. YES NO DE NO D				
3. NAME OF First DECEASED (Type or print) James	Middle	Losi Mansfield	4. DATE Month OF DEATH O	Day Year 5 1960		
- Canco	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR		
35.3	IDOWED DIVORCED	8/3/14		Conths Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work don during most af warking life, even if retired) Bookkeeper	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Va.	e or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	THE STATE OF THE S		
James E. Mansfield		Ethe	1 May			
1S. WAS DECEASED EVER IN U. S. ARMED FORCE: (Yes. no. or unknown) (If yes, give war or dates of service)	ce) .	NFORMANT	Address			
	579-09-3308	Decedent	-			
1B. CAUSE OF DEATH [Enter only one couse				INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Laennec's cirrhos	is with insuf	fficiency and	l mo.		
Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION Bronchopneumonia 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIVEN	PERFORMED?		
Bronchopneumonia YES DX NO						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year Haur o. m. p. m.		ACE OF INJURY (Home, form ctory, street, affice bldg., et		(County) (Stat		
21. I certify that (I) (this haspital) of saw the deceased alive an9			42	, 1960_, that (I) (we) la		
220. SIGNATURE AND LAND	5/19.60, and that a	ATTENDING A	AED. STAFF PHYS.	22b. DATE		
22c. PHYSICIAN'S NAME (Type) Moe Weiss,	M. D.	22d. ADDRESS	Glenn Dale H Glenn Dale,			
CO CHANGE CONTRACTOR OF THE PARTY THE PARTY OF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town, or o	161.1.3		
230. BURIAL, CREMATION, 23b. DATE THEREOF	960 Arlington Na	tional Cem	Arlington, Vi			



A15	cute the contracte, writing the ward pending in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral judy. Page 4 should farwarded to the Chief Medical Examiner's Office olang with farm PM3. Page 5 may be retained for your fi	Pages 1, 2, and 3 to the tuneral it, for. Page 4 should
ME(TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremati	ile pages I and 2 with the registrar priar to burial, cremat
5)	or remayal.	(()

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
10610 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.						
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE Texas b. COUNTY E1 Paso					
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Cheverly Md. c. LENGTH OF STAY IN 1b 1 day	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) El Paso Texas					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital	d. STREET ADDRESS 10080 Imperial Street on a FARM? YES NO					
3. NAME OF DECEASED (Type or print) DORIS SKINNER Middle	McCook A. DATE Month Day Year OF DEATH September 7, 19 60					
5. SEX 6. COLOR OR RACE 7. MARRIED 1. NEVER MARRIED 8. Female White WIDOWED DIVORCED 1.	DATE OF BIRTH 9. AGE (in years left UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min. 19. AGE (in years left UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE OWN HOME						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Charles Wesley Skinner	Jessie M Dorsey					
[Yes, no, or unknown] 1 (If yes, give war or dates of service)	Address n A Mc Cool El Paso Texas					
Solution at Holida 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (En CAUSE OF DEATH.) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE	TIBYOS (SUEN INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO Internature of injury in Port I or Port II of item 18.) E OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) ry, street, office bidg., etc.)					
21. I certify that I taak charge af the remains described abave, held an Autopsy , Inspection , Inquiry , and death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause . ACTUAL SIGNATURE & ACTUAL SISTANT MEDICAL EXAMINER EXAMINER'S						
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF Christ Church	CREMATORY 22d. LOCATION (City, town, or county) (Stote) Cometery Port Republic Md					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CITIZEN S. Kraus					

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	10611	CERTIFICA	TE OF DEATH				
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe			pefore admission)
1	Prince Georges	MARYLAND	Maryl	and	Prince	Georges	
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits,			
	RURAL and give nearest town) Cheverly	12 hrs	39 Woodla	wn - Hy	of the win	000	
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDE	INCE RM?
	Prince Georges Gener	al Hospital	6921	Freeport	Street	YES N	
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Manth	Day Yea	ar
L	(Type or print) Robert	H.	McDonald	DEATH	Sept.	19 19	60
5.	SEX 6. COLOR OR RACE 7. MARE	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost hirth	years IF UNDER 1 Y hday) Months Da	EAR IF UNDER	
	Male White WIDOW	ED DIVORCED	13 Dec. 19]	10 49	yrs. Months Da	ys Hours	Min.
10	DUSUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN	OF WHAT COL	JNTRY?
L	W. S. + D. Brooks 4	ransportel	un ald tox	ze, la.	u	rip.	
13	FATHER'S NAME		14. MOTHER'S MAIDEN S	ME			
	Auga mch	busia	alice	add	2	4	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 15. no. of unknown) 1 (If yes, give war or dotes of service)	SOCIAL SECURITY NO. 17.	NFORMANT		Address C	فيمو	-
14	es 1/1. # 2 17	8-01-4228 11	ary M. The	Jouald	- Wife		
V	18. CAUSE OF DEATH [Enter only one couse per li	ne far (a), (b), ond (c).]	ST	0	1	INTERVAL BETWO	EATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	raspin	Pontine	hornon	·hace	186	lows
	DUE TO	1 -	1	, - /		A .	
	Conditions, if ony, which) (b)	Lypenter	Sury Has	1. Seleso	the 1+ cc	s unkn	run
	gave rise to immediate couse (a), stating the under-	0'					
	lying couse lost. (c)						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	ON GIVEN IN PART 1(PERFOR	IOPSY ED?
TIFI	20a. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Pa	art I or Part II of item	18.)		
- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL			ACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(Cau	nty)	(State)
MED	Hour a. m. While of wor	IAOI MUIIE	ociory, sireer, office blug., etc.,				
	21. I certify that (I) (this haspital) attend	ded the deceased fram	18 Sept 196	00 to 19	Sept 19 60	Othat (1) (we	e) last
	saw the deceased alive an		death accurred at 7,1	Afrom the caus			
	220. SIGNATURE	m /				, _{\$22b.D}	DATE
	Thomas 4	Maloney	M.D. ATTENDING MEI	D. STAFF PHYS.		9/19/6	GNED
	22c. PHYSICIAN'S NAME (Type) Dr. Thomas Ma.	Loney., M.D.	22d, ADDRESS 48/4-71	'at ave.	landery (alls o	40.
23	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY Co	RECREMATORY Rational	23d LOCATION (City,	town, or county)	(State)	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS - Par	256. REC'D		REGISTRAR'S SIGN		
	Talleist 11 meral, 74on	ie mecha	MATE SE	P 2 3 '60	arthur d. 7	-	

Inc.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then plage-remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval, and in the event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar ta burial, crematian, or remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10573

CERTIFICATE OF DEATH

10619

-		Keg. Disi, 140.					
)	1. PLACE OF DEATH D. COUNTY DEVINCE GOTGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY LAND b. COUNTY PYINCE LEGYTE					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HIGHEWILLE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	15012-54th PLACE ON A FARM? YES NO BY					
3	3. NAME OF DECEASED (Type or print) PAN MCKINSTRU	Me MAINS OF DEATH Sept. 20 1960					
5	5. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 WIDOWED DIVORCED 1	3. DATE OF BIRTH 9. AGE (Inveors last birthday) 15 yrs. 9. AGE (Inveors last birthday) Months Days Hours Min.					
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teach ing	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Clisa beth, PA.					
13	JESSE MOOVE ME MAINS	14. MOTHER'S MAIDEN NAME Soanna Reed.					
1	(S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wor or dotes of service) 5771.2-562 (w)	ife + daughter 5012.54th PL. Hyatts.					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cotse (o), staling the under- lying couse lost. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] DUE TO DUE TO DUE TO (c)	INSUFFICIENCY INTERVAL BETWEEN ONSET AND DEATH D					
) LACITACI	CAI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (1)					
		. (Enter nature of injury in Part I or Part II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to foctor work of wo	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) (Slote)					
	21. I certify that I attended the deceased fram MAY, 1959, to Prosent, 19 , that I last saw the deceased alive an 1959, to Prosent at 1959, from the causes and an the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED						
	ACTUAL SIGNATURE						
	PHYSICIAN'S J. FREDERICK BAR	R, MD. 20 Sept, 60					
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR PEROVAL (Specify) 9/24/1960 Ft. Idnools	(3.010)					
2	Burial 9/24/1960 Ft Lincoln 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	The state of the s					
	Lee Funeral Home Wosha	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
100	1 - 1 - 1 TU / 11 P 1/1// P M	A TIPE TO THE TO THE TOTAL OF T					

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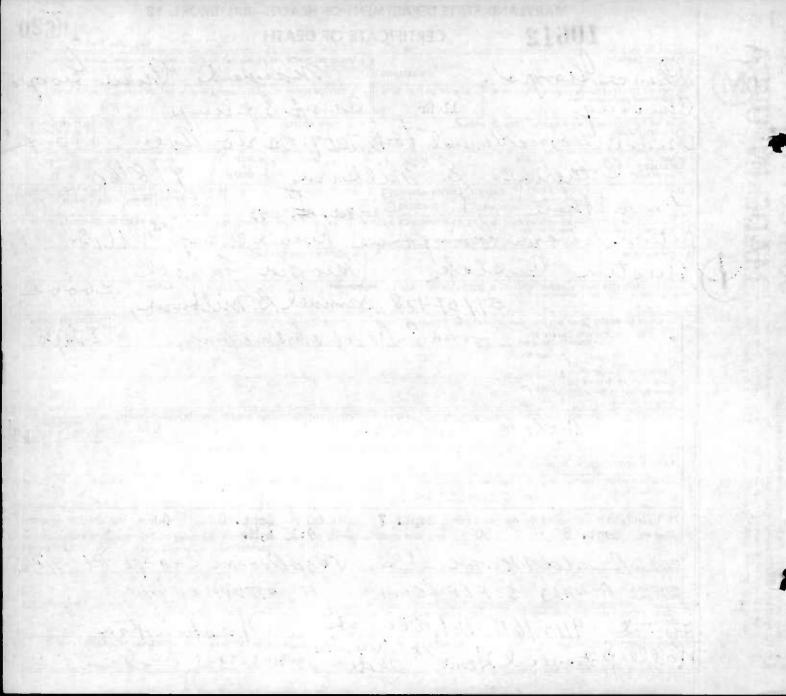
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signed

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	10014						
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	. n 1. n. 21 1				
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give					
	RURAL and give nearest town)	62 Hus Hissille					
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE				
X	OR INSTITUTION 6215- 41stane	6215 Histat Ayalley	CEON A FARM?				
	3. NAME OF First Middle	Last 4. DATE Manth	Day Year				
	(Type or print) HYNES (1747NIC)	MINITER DEATH SUPT	29 19(00)				
	S. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	1 1 1 1	YEAR IF UNDER 24 HRS.				
	WIDOWED DIVORCED D	11/49 1/1858 72 yrs.	THE TANK A COUNTY				
	10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	11.1.1.01	OF WHAT COUNTRY?				
94.73	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	13/1				
	1 1 M an find	Vivamia Blake					
1	To WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT Address					
	(If yes, give war or dates of service)	Bernard F. Miller 6,215 4.	14 St. Hyutsy				
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IN MONCHY	deur & Congastin Hert Fundy	where to 8 h				
	172 X DUE TO 111		1150				
	Conditions, if ony, which) (b) Wetastat	10 Carcinomia	a 50 ut 5 9 %				
	gove rise to immediate couse (a), stating the under-lying cause last.	m Garpus of Utura					
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI		YES NO				
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
		PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Co factory, street, affice bldg., etc.)	unty) (Stote)				
	Hour o. m. While Not while of work of work						
	21. I certify that (I) (this haspital) attended the deceased fram	1958 19 10 07-21-60,19	, that (I) (we) last				
	saw the deceased alive an 7-10-60 19 , and that	death accurred a MM, from the causes and an the	date stated above.				
	220. SIGNATURE	ATTENDING & MED STAFF	22b. DATE SIGNED				
	Marin Collection	M.D. PHYS. DIRECTOR PHYS.	9121.60				
/	22c. PHYSICIAN'S WITHAM C. Weintram	b Parkury Rd; Gree	nbeld, till				
		OR CREMATORY 23d OCATION (City, town, or county)	(Stote)				
	REMOVAL (Specify) 9/23/60 Cidar	Hill Suttand	ma				
2%	24. PUNERAL DIRECTOR'S AIGNATURE ADDRESS 44	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE				
1.10	In Illand of Cent of the State of the	DATE SEP 23'60 Orthur S.	Times				

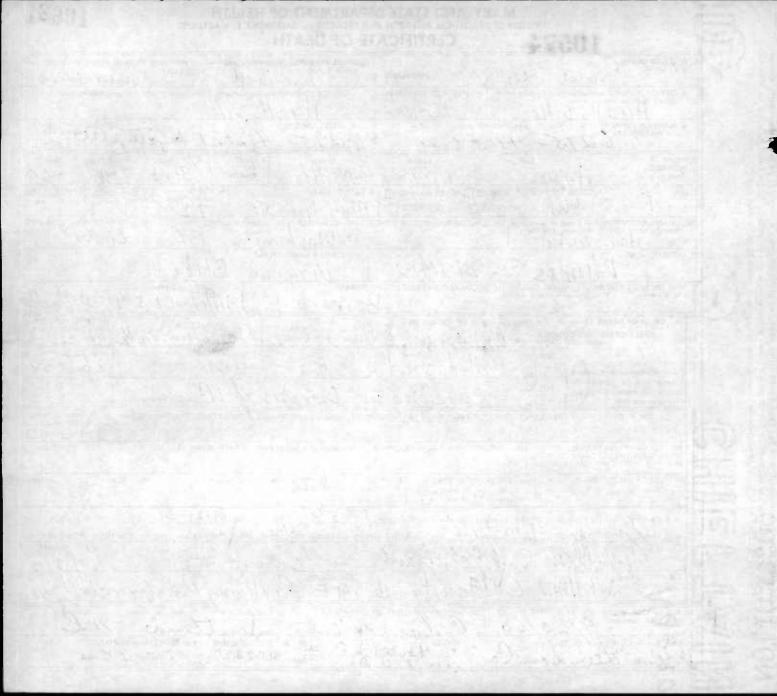
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours be retrieved by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burioti-transit permit. Then please remove carbon pages. Pages 1 and page 3 hourd of Health prior to hurifal cremation or termoval and in one west within 72 hours often death.

in the funeral directar, and 2 should be filed with

ter death. Page

VR A1S (4) 1SM 9/S9



director,

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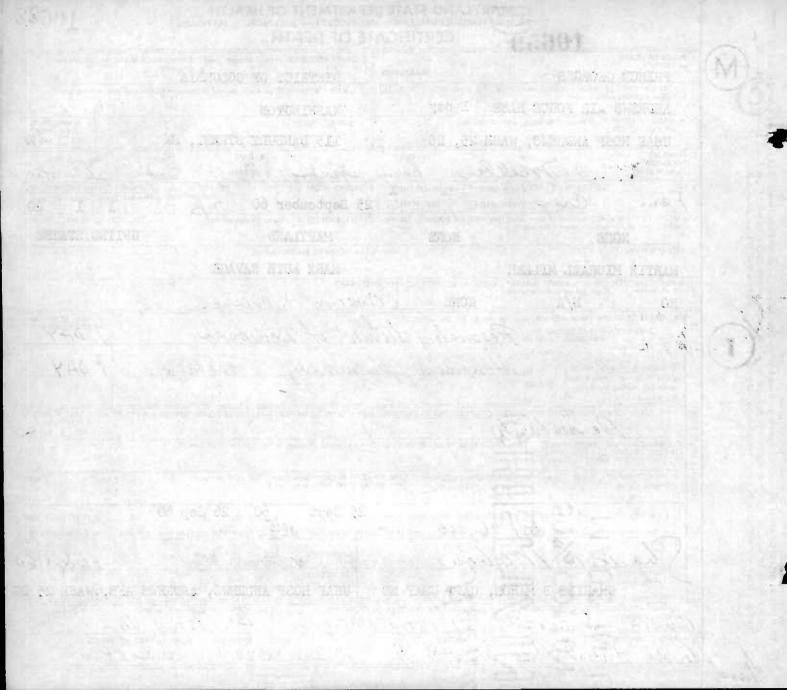
PR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ed by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10659	CERTIFICA	TE OF DEATH		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institution	: Residence befare admission)
PRINCE GEORGES	MARYLAND	DISTRICT	OF COLUMBIA	
b. CITY OR TOWN (If autside carporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carporote limits, write RU	RAL and give nearest town)
ANDREWS AIR FORCE BA	SE 1 day	WASHINGTO	N	41X-=
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	VASH 25, DC	115 DANBU	RY STREET, SW	YES NO 🚻
3. NAME OF DECEASED (Type or print)	ller hem	. Duf.	4. DATE Month OF DEATH Season	Day Year 4 26 1960
S. SEX 6. COLOR OF RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS
Jem. Can w	IDOWED DIVORCED	25 September	60 ng. yrs.	Months Doys Hours Min 20
 USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) 	e 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
NONE	NONE	MARYLAND		UNITED STATES
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
MARTIN MICHAEL MILLE	R	MARY RUTH	SAVAGE	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES		INFORMANT	Addre	55
NO N/A	NONE /	MARTIN M. 1	MILLER	
18. CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c).] /	1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Respiration dis	tresc of we	WHORN	ONSET AND DEATH
76.2 SIMMEDIATE CAUSE (a) DUE TO	(copinatory of	<i>5210 67 700</i>	70	
Canditians, if any, which)	Aloliatain 1	a la ma cite	makalila	1004
gave rise to immediate DUE TO	, , , , , , ,			
lying cause lost.				
	IONS CONTRIBUTING TO DEATH BUT	IT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY
Re min L.	t			PERFORMED?
20a. ACCIDENT WAS UNDERLYING □ 20	6. DESCRIBE HOW INJURY OCCURR	ED /Enter nature of injury in P.	ort Lar Port II of item 18)	I IES [] NO [
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. DESCRIBE HOW INJURY OCCUR	ED. (Enter horore at injury in the	on ran ran name non	
	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm,	20f. (City or town)	(Caunty) (State
Haur a.m.	While Nat while	actory, street, affice bldg., etc.)		(600),//
	at wark at work	25 Sept 10	60 to 26 Sep 60	70 4 40 4 11
21. I certify that (I) (this haspital) of	1 -1 1	2.77		, 19, that (I) (we) las
saw the deceased alive an again	and that	death accurred aca	m, from the causes and	I an the date stated above 22b.DATE
1 1 1 1 1 1 N	"alan	M.D. PHYS. ME	D. STAFF	SIGNE
22d PHYSICIAN'S	anon	M.D. PHYS. DIR	ECTOR PHYS.	26 xxx x
NAME (Type)	HON. CAPT USAF MC		ANDREWS, ANDRE	WS AFB. WASH 25
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY	1/1-1	23d. LOCATION (City, town, o	county) (State)
124111 JEPT. 30 14	WE YALINGTON	NATIONAL	175KING101	TO A DISC SIGNIATIONS
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Y	6 1- 1		TRAR'S SIGNATURE
Much Autor Ana	0/6 1/34. //6	DATE S	P 2 8 '60 a	Thur S. Kraus

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detoched far use as the burial-transit permit. Ther please remove carban papers. Pages 1 the State Board of Health prior to burial, cremation, or removed. TO HOSPITAL VR A15 (4) 1SM 9/59

/-C __DATE



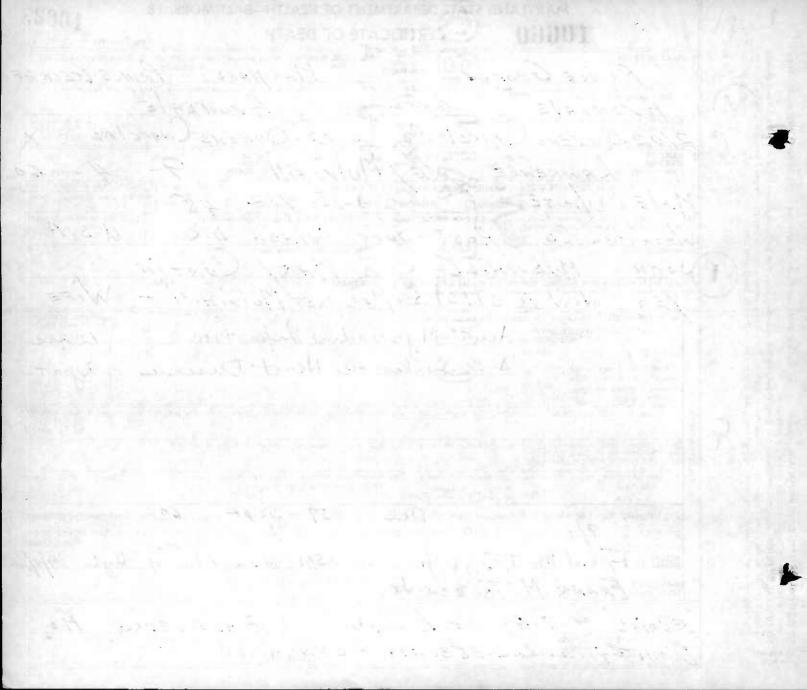
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10660

CERTIFICATE OF DEATH

10623 Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Pesidence before admission) b. COUNTY B. COUNTY PRINCE GEORGE MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAMÉ OF HOSPITAL (If not in hospital, give) treet address) OR, INSTITUTION OR, INSTITUTION OR JUSTINE CHAPE R. 2102 - QUEENS CHAPE R. YES NO.
	3. NAME OF DECEASED (Type or print) LAWRENCE KE / OF DEATH OF DEATH OF DEATH OF DEATH
	5. SEX 6. COLOR OR BACE 7. MARRIED VEVER MADRIED B. DATE OF BIRTH 15. SEX 16. COLOR OR BACE 7. MARRIED VEVER MADRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED VEVER MADRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED VEVER MADRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED VEVER MADRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED VEVER MADRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED DIVORCED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR OR BACE 7. MARRIED B. DATE OF BIRTH 16. COLOR
	10d. USUAL OCCUPATION (Give kind of work done done down to the during most of working life, every if retired) ASSIT - SUP. WASH. D.C. 12. CITIZEN OF WHAT COUNTRY WASH. D.C.
	JOHN MULVIHILL MARY CURTIN
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (15 yes, no. or unknown) (15 yes, give wor or folge of particles of particles of particles of the social security in the security of the secu
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while at work of two of work 19 of work 19 Not work
1,	21. I certify that I attended the deceased from. Dec., 1957, ta Sept., 189 that I last saw the decease alive an
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURIAL (Specify) 9-7-6 PT. LINGOLN BURG HO.
3	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE



the registrar priar to burial, crematian, or removal, and in ony event within 72 hours after death.

page 3 shauld be detached for use as the burial-transit permit.

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10661 **CERTIFICATE OF DEATH**

10624 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MONTG
a. COUNTY PRINCE () GORGE MARYLAND	b. COUNTY MUNTGATERY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
RURAL AdELPHI 5 WELKS	SUNTO Sports
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Paint Branch Nursing Home	9812 CHERRY TREE LANE YES IN NO
3. NAME OF DECEASED Middle	Lost 4. DATE Month Day Year
(Type or print) HARLOTTE / aywood	MURRAY DEATH SEPT. // 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Doys Hours Min.
EMALE WHITE WIDOWED DIVORCED	DEC, 21, 1879 80 yrs.
10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INDU during mast of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
DEPT. STORE BUYER DEPT. STORE	MAINE U.S.H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES F. MURRAY	MARY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT Address
(If yes, give war or dates of service) 12-10-4152	INT BRANCH NURSING HOME RECORDS
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: A cute Corona	ry thrombosis ONSET AND DEATH
DUE TO AL	/ , / min
	t Man
Conditions, if any, which gave rise to immediate (b) UNONIC Cardiac	decompensation Many years
cause (o), stoting the <u>under.</u>	
lying couse lost. (c)	
9.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
None	YES NO 🔀
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Port II af item 18.)
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
10 Willie Trail white	ctory, street, office bldg., etc.)
1000	C + 11 /0
21. I certify that I attended the deceased fram. 1958	19 ta Septill 1960, that I last saw the deceased
alive an Sept 7, 1960, and that death	
R +DRX	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE Benner G, Vorley, p. mp.	M.D. 7301 Colesville Kd. Silver Spring, Md. Soptill, 1960
PHYSICIAN'S Bennet A. Porter , Jr., M. i). 9301 Colesville Rd, Silver Spring, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
CREMATION 9/14/60 FT. LINCOLN	CREMATORY PRINCE GEO. COUNTY. MARYLAND
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VINER E PIMPHREY ANC. SILVER SPRING	MD. DATESEP 16'60 Collag & Kous

380018 BLASC TO TABLE (12) SURAL HILLERY STREETS WILLIAM SPENIS Parties decords longer from the section of the sect Tenner of the second se Direction of the Party Party Commence of the C CHARLES THE ACCOUNTY OF THE PROPERTY ACCOUNTY OF THE PROPERTY ecoposis to a superior and those in second the second of the second of the level year! REPORTED TO STATE OF LITTLE CREATERS THE REPORT OF THE PROPERTY SALES AND THE PARTY OF THE ADDRESS OF THE PROPERTY OF THE PARTY OF

TO HOSPITAL

VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10625

	10662		CERTIFIC	ATE OF I	DEATH			Reg. Dist.	No.	1000
1, PLACE OF DEATH o. COUNTY	Prince Geo	rge	MARYLAND	2. USUAL RESI	Maryl	ere deceased live	b. COUNTY			nission)
RURAL ond give r Suitl	and		LENGTH OF STAY IN 16	c. CITY OR		cland	limits, write R			own)
OR INSTITUTION	TAL (If not in hospitol, e-Parkway T	100-100		d. STREET A		way Ter	r. Dr.	SE	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ALCI	NDIA	Middle N .	lo		4. DATE OF DEATH	Mar		Day	Yeor 19 60
5. SEX Female	White	WIDOWED	Mary - Sant	B. DATE OF BIRT	4, 188	33	GE (In years ost birthday) 77 yrs.		YEAR IF UN	IDER 24 HRS.
Hou	ON (Give kind of work king life, even if retired SOWLFO	done 10b. KIN	ND OF BUSINESS OR IND			irginia			USA	AT COUNTRY
13. FATHER'S NAME	seph Norris			14. MOTHER'S	usan F					
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR Iff yes, give wor or dates of			INFORMANT	Myer	735 Wo	Add od Hil	ress 1 Rd.	Fairf	ax Va.
Conditions, if a gove rise to couse (a), stating lying couse last.	mmediate (HYPI	ERTENSIU	E ARTE	R10-50	LEROTIC	HEART	USEASE		
PART II. OT		DITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	IAL DISEASE CO	NDITION GIV	/EN IN PART 1	PER	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY OCCURR		of injury in Po	ort I or Port II o	Fitem 18.)		163	J NO LA
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	20d. INJU While of work	_ Nat while	LACE OF INJURY (actory, street, affice	Home, form, e bldg., etc.)	20f. (City or to	own)	(Cou	inty)	(Stole)
actual SIGNATURE	and I attended the	19	and that deat	h occurred at M.D. 7200	-MAR	M, from the dorest (Street, LBORO)	e causes of city or town,	state) SEL	date sta	
220. BURIAL CREMATIC REMOVAL (Specify) Burial	N, 226. DATE THEREC		2c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCATION	(City, town, o		(St	ote)
23. FUNERAL DIRECTOR	2 166	lGood	d Hope Rd SE n 20 DC			BY REGISTRAR	24b. REGIS	STRAR'S SIGNA	ATURE	

	BALLY TRANSPORTER	STATE DEPARTM	WAIYAAF	1
er sin yet				\$
			and the second second	
	105 / 16-74			
	AND DESCRIPTION OF THE PARTY OF			
				24
	enide se dia Maria da Antonio			

	PLACE OF DEATH D. COUNTY Prince George	MARYLAN	2. USUAL RESIDENCE (WO O. STATE		ived. If institution b. COUNTY	-		re admissio	
	 CITY OR TOWN (If outside carporote limits, wr RURAL and give nearest town) Cheverly 		MILL	outside corporo					
	d. NAME OF HOSPITAL (If not in hospitol, give st OR INSTITUTION Prince George General	reet oddress) Hospital	d. STREET ADDRESS 8102 Sher					e. IS RESII ON A YES	FARM?
D	NAME OF First DECEASED Type or print) Fannie	Middle N.	Naylor	4. DATE OF DEATH	Moni		th		eor 9 60
. 51	Thomas Tax	MARRIED NEVER MARRIED OWED DIVORCED	7 00	1	AGE (In years lost birthday)	Months	1 YEAR Doys	Hours	R 24 HR Min.
lo.	USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	106. KIND OF BUSINESS OR IF	NDUSTRY 11. BIRTHPLACE (Stor			12. CIT		S.A.	COUNT
). F	FATHER'S NAME Charles DeVonde	rlehu	14. MOTHER'S MAIDEN	NAME Purll					
S. V	WAS DECEASED EVER IN U. S. ARMED FORCES? no. of unknown) (If yes, give yor or dates of service)	16. SOCIAL SECURITY NO. 1 577-20-9054A	7. INFORMANT The lma L. Knot	8102 tt 1	Sherra Palmer Pa		1.000		
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute congestive failure							ERVAL BET SET AND I	DEATH
	Conditions, if ony. which (b) Hypertensive cardiac disease							unkno	WIR
	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Diabetes mellitus								
CENTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO YET YET								
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in	Part I or Part I	of item 18.)				
MEDICAL	Hour o. m.	Od. INJURY OCCURRED 20e /hile Not while work ot work	PLACE OF INJURY (Home, far foctory, street, office bldg., et		r town)	(0	ounty)		(Stote
	21. I certify that I attended the decative on September 12, , 1			P_M, from		nd on th		te state	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Cedar Hill Cemetery

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR DATE SEP 1 9 '60

Suitland, Maryland

246. REGISTRAR'S SIGNATURE

(Stote)

TO HOSPITA may be re TO FUNERAL VS A1S (4) 15M 9/5S

page 3 shauld be the registrar prior

220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL Specify) 9/17/60

23. FUNERAL DIRECTOR'S SIGNATURE

9/17/60

the funeral director, should be filed with

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

this certificate has been signed by the attending physician and campletely filled

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		10614		CERTIFI	CATE	OF DEA	IH					
1. [PLACE OF DEATH	,				USUAL RESIDENCE	(Where decease	d lived. If institution	n: Reside	nce befo	re admissi	on)
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13.		d H Oertl			-36	Mary A	_					
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=	1B. CAUSE OF DEA	TH [Enter only one co	ouse per line.	for (o), (b), and (c).	1	4.300				INTI	ERVAL BET	WEEN
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CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESCR	IBE HOW INJURY O	CÚRRED. (I	Enter noture of inju	ry in Port I or Po	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. INJ While ot work	Not while		OF INJURY (Home v, street, office bldg		y or town)		(County)		(Stote)
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	22c. PHYSICIAN'S NAME (Type)	SAMUEL	1.1	V. SUG	AR	22d. ADDRESS 4300	KAYU	rood De	5 /	17/	AM	IER
-	BURIAL, CREMATIO REMOVAL (Specify)	9/9/60	OF	23c. NAME OF CEME Fort Line				TION (City, town, omar Mano)		d	(Stote	e) 14
_	FUNERAL DIRECTOR			ADDRESS	OAH		REC'D BY REGIS				RE	
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MARYLAND STATE DEPARTMENT OF HEALTH DEVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1.	o. COUNTY	ince George's	5	MARYLAND	- CTATE	NCE (Where		lived. If institution b. COUNTY				
Г	RURAL and give n	If outside corporate limits, vearest town)		IGTH OF STAY IN 16				ote limits, write R	URAL and	give nec	arest town	n) .
-	Cheverly	TAL (If not in hospital, give		Days	Roger		nus	-	3		ic acc	IDENICE
	OR INSTITUTION	eorge 's Gener			d. STREET AD 53.06 Har		Stre	eet	1			FARM?
3.	NAME OF DECEASED (Type or print)	Josephi	ine	Middle	Patten		OF DEATH	Mon Septer		Do 2	in	Year 19 60
S.	SEX	6. COLOR OR RACE 7.		NEVER MARRIED	8. DATE OF BIRTH 3-2-96			9. AGE (In years last birthday)		Doys	IF UNDI Hours	ER 24 HRS. Min.
10	Female Oa. USUAL OCCUPATION during most of work	ON (Give kind of work dane king life, even if retired) Housewife	e 10b. KIND C		2 - / -		fareign co			S A		OUNTRY?
1/3	E FATHER'S NAME	zekial Jacks	on		14. MOTHER'S A							
ns ()		ER IN U. S. ARMED FORCES (If yes, give war or dates of service		Mo	ntford E	Patte	n R	Roger He		s, M	ld.	
F	18. CAUSE OF DE	ATH Enter only one couse					-			INT	ERVAL BE	TWEEN
		ATH WAS CAUSED BY:		le Pulmona	er Embald					ONS	24 h	DEATH
	Conditions, if	DUE TO			y Emborr	T.SR						onth
	Conditions, if ony, which gove rise to immediate cause (o), stoting the <u>under-lying couse lost.</u> Conditions, if ony, which (b) Carcinomatosis months to the course of the head of the Pancreas months of the head of the head of the pancreas months of the head of t											
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 10 10 11											
CERTIFI		AS UNDERLYING 20th CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRIBE H	OW INJURY OCCURRE	ED. (Enter nature of	injury in Part	t I or Port	II af item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	10			ACE OF INJURY (Heatary, street, office I		20f. (City	or town)		(County)		(Stote)
	21. I certify that (I) (this hospital) attended the deceased from 9 26 1960 to 9 29 1960 that (I) (we) last saw the deceased drive an 9 29 1960 and that death accurred at 325 M, from the causes and on the date stated above.											
	22a. SIGNATURE M.D. ATTENDING MED. STAFF 9 22b. DATE SIGNED 9 29 6											
	22c. PHYSICIAN'S NAME (Type)	uman)	NAT	Comen	22d. ADDRES	- 61	y 57	T. MITI	PAIN	1101	z M	1
23	Bo. BURIAL, CREMATIC REMOVAL Specify Burial	9/30/60		NAME OF CEMETERY CORE				ION (City, town,			(Stat	te)
24	FUNERAL DIRECTOR			DDRESS	- M	25a. REC'D B		RAR 25b. REGI	STRAR'S,S			
	F. G	asch's Sons	Hvat	tsville. M	ld .	DATEOCT	3 '60	0 00	رقم است	Tian		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 Pages 1 and may be referred by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Cirlling & Tirres

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY Prince Georges Prince Georges MARYLAND larvland b. CITY OR TOWN III outside corporate limits, write EURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest fown! Cheverl v Cheltenham d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Prince Georges! General Hospital YES NO NAME OF 4. DATE Manth Day Year DECEASED OF DEATH (Type or print) John Coleman September 22 19 60 Pavne 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Hours White Male Nov. 14. 1884 WIDOWED | DIVORCED T 75 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Railroads Virginia Station Engineer U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred Foote Payne Mary-(last name unknown) 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hilda Gertrude Pavne-Cheltenham, Md. No 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO N 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CERTI PRIMARY | ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slale) factory, street, office bldg., etc.) While Not white a.m at wark at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection No. Inquiry and find that death resulted from: Natural causes No. Accident , Suicide , Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURI ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) BEPUTY MEDICAL EXAMINER 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (State) REMOVAL (Specify) Burial Ft. Lincoln Cemetery Bladensburg, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Ritchie Bros.Fun'l Home-Upper Marlboro

VS. A 15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10663

CERTIFICATE OF DEATH

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<u> </u>									keg. Dist.	140.
1.	PLACE OF DEATH a. COUNTY	Prince Geo	rge	MARYLAND	o. STATE	DENCE (When		If institution	: Residence b	before odmission)
	RURAL ond give n	If outside corporate limits, earest town) Springs	write c. LENGTI	H OF STAY IN 16	c. CITY OR I	A.	side corporote lir	nits, write RU	RAL ond give	nearest town)
	or institution D.O.A.	Prince Geo		spital	d. STREET A		Ave S.I	Ξ.	-2014	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First	ONIA'	Middle	PINTO		OF DEATH	Month Sept	. 15th	Day Year 1960
	SEX Female	White v	. MARRIED NEV	DIVORCED	Sept. 8	th 189	1 last		F UNDER 1 YE Months Do	EAR IF UNDER 24 HRS ys Hours Min.
104	during most of wor	ON (Give kind of work do king life, even if retired) Wife	ne 10b. KIND OF 8	USINESS OR INDI		ACE (Stote or Italy	foreign country)		12. CITIZEN	taly
13.	. FATHER'S NAME	Joseph Cesto	one		14. MOTHER'S Mar	y Simo				0
15. (Ye	. WAS DECEASED EVE es, no, or unknown)	R IN U. S. ARMED FORCE (If yes, give war or dates of servi	S? 16. SOCIAL SEC		INFORMANT Domenic P	into	5200-531	Addre		Springs Md
		ATH [Enter only one cause ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	e per line for (o), (l	b), ond (c).]	Sufa	retr	on			INTERVAL BETWEEN ONSET AND DEATH Sudden
	Conditions, if o gove rise to i couse (o), stoting	mmediate (Coros	rary	athe	N 70	eleros	ڼ		54
CERTIFICATION	lying cause lost. PART II. OTH	(c)_ HER SIGNIFICANT CONDI	tes m	elleter					N IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOW	INJURY OCCURR	ED. (Enter noture o	f injury in Po	rt I or Port II of i	item 18.)		
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year 19	20d. INJURY OCC While Not w of work of wo	hile fo	LACE OF INJURY (I octory, street, office	Home, form, bldg., etc.)	20f. (City or tov	vn)	(Cour	nty) (Stote
	actual signature PHYSICIAN'S	rank S. Pe	, 1960, c	/	2 , 19 52 h accurred at	40 9 C	A, fram the coorses (Street, co	auses and ity or town, st	on the detection	saw the deceased at a stated above DATE SIGNEE 9-15-60
220	NAME (Type)	N, 22b. DATE THEREOF	22c. NAM	SE OF CEMETERY O	OR CREMATORY		bama Ave 2d. LOCATION (C Blader	City, town, or		(Stote) rvland
23.	FUNERAL DIRECTOR	S SIGNATURE 1661	Good Ho	ESS DDe RD SI	3	24a. REC'D	BY REGISTRAR P 1 9 '60	24b. REGIST	RAR'S SIGNA	ATURE

ofter death. Page 4 page 3 should be detached far use as the burial-transit permit. Then please remove carban popers. Pages 1 and the registrar priar to burial, crematian, or removal, and in any eyent within 72 hours after death. TO HOSPITAL RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the page 3 should be detached far use as the burial-transit permit. Then please remove carban popers. Pages I and

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"MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hoppifal, give street oddress) ADDRESS e. IS RESIDENCE ON A FARM? YES NO A NAME OF 4. DATE €int Middle Month Year DECEASED DEATH (Type or print) 1960 6. COLOR OR-RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH FUNDER TYEAR 5. SEX Yr . A SE Iln years IF UNDER 24 HRS. Months WIDOWED [7] DIVORCED T 10g, USUAL OCCUPATION (Give kind of work done dring most of working by, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME age WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address / Fie Give no PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which pencil gave rise to immediate cause guo DUE TO (a), sloting the underlying cause lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 90 PERFORMED? YES 🗍 NO | 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) CAUSE OF DEATH, Month, Day, Year 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) MOI while a. m. at work at work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X Inquiry R, and find that death resulted from: Natural causes 10. Accident , Suicide , Hamicide , Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL GREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 Lanham. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Frank DATECT 4 SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No.

22d. LOCATION (City, tawn, or county)

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

240. REC'D BY REGISTRAR

'60

DATE OCT 3

10632

(State)

1. PLACE OF DEATH O. COUNTY Prince George's MARYLAND				2. USUAL RESIDENCE (o. STATE Md.	(Where deceased		Y Pr. Ge	
chever ly	f outside corporate limits, write f n)		O.A.	e. CITY OR TOWN (If autside corpor	ote limits, write	RURAL ond give	e nearest tawn)
d. NAME OF HOSPI Pr. Geo Gen	AL OR INSTITUTION (IF	not in hospital, give	street oddress)	d. STREET ADDRESS Bryans Rd	., Box #	163		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	THOMAS	LERO	Middle PU	LITAM Lost	4. DATE OF DEATH	Seba	1 2	y Year 19 Lac
5. SEX Male	T. Mad & a	MARRIED IN NE	DIVORCED	B. DATE OF BIRTH P Dec. 1935	9.	AGE (In years lost birthday) yrs.	Months Days	
10g. USUAL OCCUPATI during most of worki Mechanic	ON (Give kind of work do ng life, even if retired)	Auto	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	e ar foreign cou	ntry)	U.S.A	OF WHAT COUNTR
13. FATHER'S NAME ************************************	ry Clay Pu	lliam		14. MOTHER'S MAIDEN Katie Dud				
15. WAS DECEASED EN IYes, no, or unknown)	/ER IN U. S. ARMED FORC If yes, give war or dates of ser	TES? 16. SOCIAL S		rs. T. L. Pu	lliam (Address (Wife)	Same Ad	d. As # 2
111	diote cause	Per line for (a), (b) Cereb France Much	final Ci	octured	XX Zi	Loces well	tus	NTERVAL BETWEEN INSET AND DEATH
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE C	CONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CA PRIMARY BLOCK CAUSE OF DEATH. 20c. TIME OF INJU 1 Hous p. m. 21. I certify t	RY Month, Day, Yeor 9 -23 196 hat I took charge	20d. INJURY OF While No of work of the remains	CCURRED 20e. PLAN for work Sudescribed about Sudescribed about the	ASSISTANT MEDICAL E	im, 20f. joty of c.) 20	r town) Calculation pectian X, determined of		State) State (State) And find the
NAME (Type)	AYTON	O WA	ATTC//	15 DEPUTY MEDICAL	EXAMINER T		9-	246

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Ntt Funeral Home, WALDORE.

VS. A15ME(5) 5M 9/55

TO DEPUTY

ar remaval

22a. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

8 Sest 60 10633

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY							
	PRINCE GEORGES MARYLAND	MARYLAND CALVERT							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	ANDREWS AIR FORCE BASE 3400 38 MIN	OWINGS							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
)	USAF HOSP ANDREWS, WASH 25, DC	BOX 215							
	3. NAME OF First Middle	Lasi 4. DATE Month Day Year							
	(Type or print) ROBERT BRADLEY	PRATER DEATH SOLD 1960							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE X	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.							
-	male Car WIDOWED DIVORCED	8 September 1960 Sept							
7	Noa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	NONE	MARYLAND UNITED STATES							
_	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	PAUL STEVENS PRATER	MARY LEE CARR							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address							
	NO NONE NONE	NEWBORN'S RECORD							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Caso of lingo, 3 hrs							
	76) 5 DUE TO 12	- 1 2h ack							
	Conditions, if ony, which) (b) I were								
	gave rise to immediate couse (o), stoting the under-	DIETO							
	lying couse lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcirc \) NO \(\bigcirc \)							
3	0a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the feature of the control of the c	*LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)							
	p. m. 19 at work of work								
	21. I certify that (I) (this haspital) attended the deceased fram.	8 Sept 19 60, to 8 Sept 19 60, that (I) (we) lost							
	sow the deceased alive on 8 Sept1960 , and that	death accurred at 8: 30A from the causes and on the date stated above.							
	22 SIGNATURE DO O	22b, DATE ATTENDING MED STAFE SIGNED							
	Contact al allano	M.D. PHYS. DIRECTOR PHYS.							
	22c, PHYSICIAN'S NAME (Type)	22d. ADDRESS							
	ARNOLD A ABRAMO CAPT USAF MC	USAF HOSP ANDREWS, ANDREWS AFB, WASH 25 D							
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town, or county) (State)							
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25g, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATUREA							
	Kindli Taward Home, 816 H Ft, 11	C. DATE SEP 13'60							
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MARYLAND STATE DEF			
106 1 (MEDICAL EXAM	INER'S CERTIF	ICATE OF DEATH	

Reg. Dist. No. 10634

1	1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) o. STATE Maryland b. COUNTY Prince George's							
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Cheverly Md.	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Brentwood Md							
ì	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince Georges General Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NOTE NOTE							
	3. NAME OF First Middle (Type or print) William M.	Reamy 4. DATE Month Day Year 60-							
		DATE OF BIRTH ct 23, 1896 9. AGE (In years foot birthdoy) 63 yrs. IF UNDER 1YEAR IF UNDER 24 HRS.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) To wn of Brentwood	11. BIRTHPLACE (State or fareign country) NO Virginia 12. CITIZEN OF WHAT COUNTRY? U.S. A							
	13. FATHER'S NAME Alex Reamy	14. MOTHER'S MAIDEN NAME Maggie Reamy							
	1 40	lice Reamy Brentwood, Md.							
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause tost.	5 hock INTERNAL BETWEEN ONSET AND DEATH ONSE DEA							
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 or Figure 18.)								
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 1B.) CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 1B.)								
		E OF INJURY (Home, form, ry, street, office bldg., etc.) 20f. (City or town) (County) (State)							
1	21. I certify that I took charge of the remains described above death resulted from: Notural causes , Accident , Suice	ide Homicide Undetermined cause DATE SIGNED							
	EXAMINER'S DAYTON O WATIC	ASSISTANT MEDICAL EXAMINER Sept 1, 1960							
	220. BURIAL CREMATION, Part THEREOF Burial 9/3/60 Ft Lincoln C								
200	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Maryla	and Date SEP 6 '60 Crilwi 2. House							

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10665

CERTIFICATE OF DEATH

Reg. Dist. No. 10635

1. PLACE OF DEATH a. COUNTY	Prince George	MARY	LAND	2. USUAL RESIDENCE (W. o. STATE Mar	where deceased yland	l lived. If instituti b. COUNTY	-	before admiss	ian)
b. CITY OR TOWN RURAL and give i	(If autside carporate limits, nearest tawn) ote	write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpor	rate limits, write R	URAL and giv	e nearest town	.)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give	street oddress)		d. STREET ADDRESS	Pates I	Dr. S.E.	1		FARM?
3. NAME OF DECEASED (Type or print)	First ALMA	Middle E •		ROSENBALM	4. DATE OF DEATH	Mor Sept.	15th	/	Year 1960
s. sex Female	9.91 0.1	MARRIED NEVER MARRI		8. DATE OF BIRTH April 3. 1	903	9. AGE (In years last birthdoy) 57 yrs.	IF UNDER 1	YEAR IF UNDE	
during mast af wa	ION (Give kind of work don rking life, even if retired) Sewife	10b. KIND OF BUSINESS C	DR INDU	STRY 11. BIRTHPLACE (State	Virgin		12. CITIZE	N OF WHAT C	OUNTRY?
1S. WAS DECEASED EV (Yes, no, or unknown)	George D. Gr ER IN U. S. ARMED FORCE: Ilf yes, give wor or dates of service	S? 16. SOCIAL SECURITY NO		East NFORMANT exander D. R	er Jane	Add		Dr. SE	
CATIC	immediate DUE TO C) HER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DE	tigi		MINAL DISEASE		/en in part 1	PERFO	AUTOPSY RMED? NO [
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m.	Y MEDICAL EXAMINER)	20d. INJURY OCCURRED While Nat while at work at wark	20e. PL	ACE OF INJURY (Hame, for clary, street, affice bldg., el	rm, 20f. (City	or town)	(Cou	unty)	(State)
21. I certify to alive an	Lewis Park	19 60, and that	death	, 19.57, to occurred at 1.35, M.D. 5241 St.	ADDRESS (Str	the causes an	od an the o		above.
22a. BURIAL, CREMATIC REMOVAL (Specify 23. FUNERAL DIRECTOR	9- 19- 0 R'S SIGNATURE 1661-	GOO NAME OF CEM JOURNAL GOOD HODES ADDRESS A	e i	lista	Ble C'D BY REGISTI		or county) STRAR'S SIGN Withung &		"Va

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10636

		TOOM		CERTITI	CAIL	OI DEF	7111			Reg. Di	st. No.		
İ	LACE OF DEATH COUNTY RINCE GEORG			MARYLAN	D ()	ISTRICT	OF	COLUN	20225/	D.	PRI	INCE	GEO
١,	RURAL ond give neare AMP SPRINGS	st town)	write c. LEN	ETH OF STAY IN T		ASHINGT		side corpore	ote limits, write R	URAL and	give neare	st tawn)	
	ANAME OF HOSPITAL OR INSTITUTION	If not in hospital, give	street oddress)		D¢ d	STREET ADDRE	SS	nad SE	7.	1	•.	IS RESI	DENCE FARM? NO [X]
3.	NAME OF DECEASED	First	12:21:01	Middle		Lost		DATE OF	Man	_	Day		ear
_	Type or print)	RUE		F	- 4	BOROUGH		DEATH	SE.		/		960
5. 5	EX 6:	COLOR OR RACE 7.	MARRIED X	NEVER MARRIED	B. DAT	E OF BIRTH			9. AGE (In years last birthday)	Months	Doys I	Hours	R 24 HRS. Min.
-		MOONDIAM	DOWED 🗌	DIVORCED		DECEMBE		-	56 yrs.				
10o	during most of working	life, even if retired)				1. BIRTHPLACE I	_	fareign ca	untry) -		ISA	WHAT	COUNTRY?
1	MILITARY FATHER'S NAME	DERVIOR	PILL	LIARI SER	112021	MOTHER'S MAIL		ME) UAL		
1	ILBUR SCARE	OPOTICH				Unknow							
-	WAS DECEASED EVER IN		2 114 SOCIAL	SECURITY NO. 11	7. INFORM		11		Adde	-			
(Ye		is, give war or dates of service		14-3185		quees	Sca	PRBOI	cousin	-	mel	95 th	2
		WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO	Per line for (o). (b). and (c).]	Reve	draw	en	e of he	hem	4	ONSET	AND Cin	DEATH
	gave rise to imm cause (o), stoting the lying cause lost.	ediate (Car	cerone	1	the	le	eng			m	ha	6.5
CATION	PART II. OTHER	SIGNIFICANT CONDITI	IONS CONTRIB	UTING TO DEATH	BUT NOT R	ELATED TO THE	TERMIN	ALDISEASE	CONDITION GIV	'EN IN PAR		WAS A PERFOR	SWED3
CERTIFI	20g. ACCIDENT WAS LOT CONTRIBUTING LOT (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE H	OW INJURY OCCU	RRED. (Ente	er nature af inju	ry in Pa	rt I ar Part	11 of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY C While No at wark at	ot while	PLACE Of factory, s	INJURY (Hame treet, affice bldg	farm, g., etc.)	20f. (City	or tawn)	(1	Caunty)		(State)
	21. I certify that alive on	drew a.	1960 Bu	tchho	4 R ath occu	1960, to rred ot3	AL AL	M, from	the couses of eet, city or town,	and an t state)	he dote	state DA	deceased d abave. TE SIGNED SO DI
220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF		NAME OF CEMETER		TIONAL	2	2d. LOCATI	ON (City, town, o			(State)
23	FUNERAL DIRECTOR'S S	GNATURE STORY	816 H	ODRESS St. NE	DC 2	240.	REC'D	BY REGISTR		STRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reflected by the hospital or ottending physician.

TO FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10620 MEDICAL EXAMINER'S

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4	CERTIFICATE	OF DEATH	111111	()
7	CERTIFICATE	OI DEATH	100-	1
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To the second se				
1" COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. Tolding George			
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest to ond give nearest town) Cheverly C. LENGTH OF STAY IN 1b Riverdale				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George General Hospital d. STREET ADDRESS 5600 56th Ave.	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF First Middle Last 4. DATE OF	Month Doy Year pp 60			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED 7-31-97	n years IFUNDER TYEAR IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) 11 birthplace (State or foreign country) 12 country Virginia	12. CITIZEN OF WHAT COUNTRY? U.S. A.			
James Golben 14. MOTHER'S MAIDEN NAME Mary Jane Hawkins				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address neverly Md.			
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO Perfectly Segment (a) DUE TO	alm Hours			
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CONTRIBUTIONS CON				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work	(County) (Stote)			
21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause				
ACTUAL SIGNATURE DATE SIGNED M.D. CHIEF MEDICAL EXAMINER DATE SIGNED				
EXAMINER'S DAYTON OWATITY DESUTY MEDICAL EXAMINER D				
-42 202	n, town, or county) (State)			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 24 F. Gasch's Sons Hyattsville, Md. DATE SEP 9 '60	Chilly S. Krana			

VS. A15ME(5) 5M 9/55

OT STATE OF STATE OF the ly kepyons The Principle Cheston of The Lands of Econolis (2003) 11 to Acade AND SHIP OF THE PERSON OF THE

100 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

er death. Page 4

TO HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 24 hours gifer death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 25 the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/59

10639

	1. PLACE OF DEATH 2. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b	DISTRICT OF COLUMBIA
	RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
A	CAMP SPRINGS(RURAL) 6 HOURS	WASHINGRON DC
1	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	USAF HOSPITAL ANDREWS, ANDREWS AFB	3910-4th Street SE
	3. NAME OF DECEASED (Type or print) Sissin, male inf	4. DATE Manth Day Year OF DEATH SEPTEMBER 19 19 60
	S. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 19 SEP 60 9. AGE (In years last birthday) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min. 30
-	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	during most of working life, even if retired) NA NA	MARYLAND USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ROBERT L SISSON	LINDA CAROL COKER
		NFORMANT Address
	(Yes, no, or unknown) (If yes, give war or dates of service)	
	NA NA NONE	/ INTERVAL BETWEEN
	IB. CAUSE OF DEATH [Enter anly ane cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) TRIMICA FURE	R & HOURS
	DUE TO	
	Conditions, if ony, which) (b)	
	gave rise to immediate DUE TO	
	lying cause lost. (c)	
1	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO NO
od)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 1B.)
		IACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
	Haur a.m. While Nat while to at wark at wark	actary, street, affice bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased fram.	19 Bept 1960, to 1950 att, 1960, that (1) (we) last
		death accurred at 25 M, from the causes and an the date stated above.
	saw the deceased alive an 17 Jept 19 60 and that	death accurred diverse, from the causes and an the date stated above.
-	101 B Mal	ATTENDING TO MED STAFF SIGNED
	221. PHYSICIAN'S	M.D. PHYS. 4 DIRECTOR PHYS. 19 AUGUST 1960
	LCHARLES"B MAHON CAPT USAF MC	USAF HOSP ANDREWS ANDREWS AFB WASH 25 DC
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d. OCATION (City, town, or county) (State)
	Buriel Sept 20-60 GUAN	tell Sulland maryland
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Semmons Brothers /66/94	HOPE PAPE SEP 21 '60 alling & Kraus
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	Proceed with the website and the August Sales and		

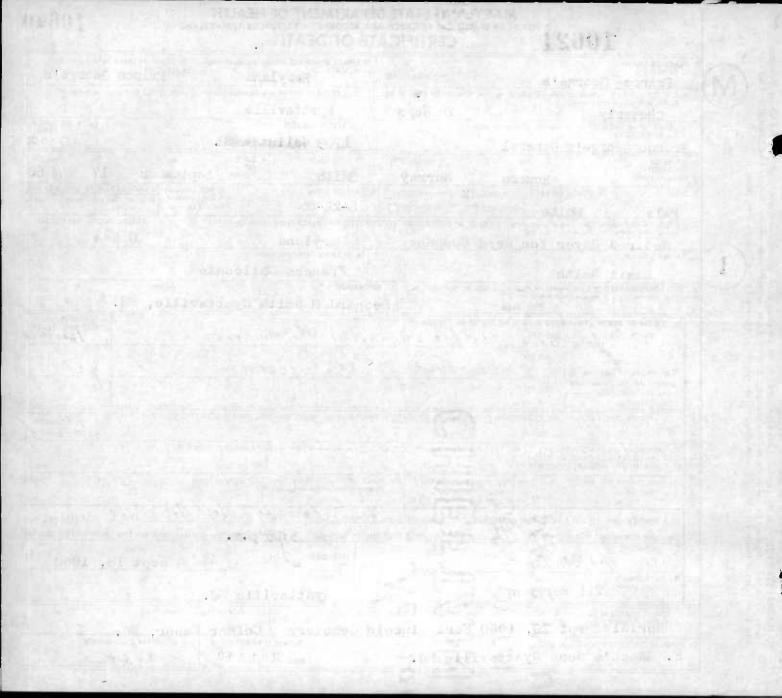
10640

letely filled in cy the funeral director, s. Pages 1 and 2 should be filed with	frer death.	M 77
the ottending physicion and comp Then pleose remove corbon poper	ond in ony event, within 72 hours o	1
DECEMBER IN STATE After this cartificate has a special physician and completely filled in cyrine funeral director. TO FUNERAL DIRECTOR. After this cartificate has a signed by the ottending physician and completely filled in cyrine funeral director. The place is should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with	the Stote Boord of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after death.	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VR A15 (4) 15M 9/59

	_	LUOVI	CERTITIO	AIL	OI DEAIII						
1. 1	PLACE OF DEATH				USUAL RESIDENCE (WH		d lived. If institution	n: Resider	nce befar	e admiss	ian)
	Prince	George's	MARYLAN	0	Mary	Land	b. COUNTY	rinc	e Ge	orge	5
1	 CITY OR TOWN (If RURAL and give ne 	autside carporate limits, write	c. LENGTH OF STAY IN 1	6	c. CITY OR TOWN (If o	utside carpo	rate limits, write R	JRAL and	give nea	rest tawn)
	Cheverl		28 days	0	Hyattsvi	lle					
		AL (If nat in haspital, give street		1	d. STREET ADDRESS			F 11 to			FARM?
	Prince Geo	rge's General			4203 Galla	atin 3	T. T.			YES [NO X
	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon		Do	,	Year
	(Type ar print)	Howard	Murray		Smith	DEATH	Septemb	er	17	1	19 60
s. :	SEX	6. COLOR OR RACE 7. MARE	HED NEVER MARRIED	7 B. D/	ATE OF BIRTH		9. AGE (In years			1	R 24 HRS
	Male	White WIDOW			6-24-86	- 10	last birthday)	Manths	Days	Haurs	Min.
10a	. USUAL OCCUPATIO	N (Give kind af wark dane 10b. ing life, even if retired)	KIND OF BUSINESS OR IN	DUSTRY		ar foreign c	auntry)			WHATC	OUNTRY
	Retired	Buyer for \$ee	d Company		Maryland		C. T. T. D. W.	U	SA		
13.	FATHER'S NAME			14	. MOTHER'S MAIDEN	NAME					
	Basil	Smith			Frances (Chilco	ate				
			SOCIAL SECURITY NO. 17	, INFOR	MANT		Addi	ess			
(10	s, no, or unknown)	If yes, give wor or dates of service)		Leon	ard M Smit	th Hya	ttsville	e. Mo	1.		
_	18. CAUSE OF DEA	TH [Enter anly ane cause per li	<u> </u>							RVAL BE	
		TH WAS CAUSED BY:		Cla	Cas Phyo	2 Ros	0		ONS	ET AND	DEATH
	3200	IMMEDIATE CAUSE (a)	010/1000	000					-	100	-1-01
	- 01	DUE TO	ere boal	0	10-02 11.	10000			- 1	110	0
	Canditians, if ar	(D)	escolo	w	100	ceror	M		Y	100	4 .
	cause (a), stating t	DIJE TO							1		
	lying cause last.	(c)									
CATION	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS PERFO	RMED?
TIFI	20a. ACCIDENT WA	S UNDERLYING 1 20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in	Part I ar Par	t II af item 1B.)				
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
Z	20c. TIME OF INJUR	Y Manth, Day, Year 20d. I	NJURY OCCURRED 20e.	PLACE	OF INJURY (Hame, farm	n, 20f. (City	ar tawn)		(Caunty)		(State
MEDIC	Haur a.m.	While	Nat while	factory,	street, affice bldg., etc	:-)					
2	p. m.	ai #6i		No.	. (1)2	28	1011/11/1		10		
	21. I certify tha	t (1) (this haspital) attend	led the deceased from	m ATG	100 M. 19	to	16/11/1/	, 194	th,	at (I) (we) las
	saw the deceas	ed alive an	19 <u></u> 5°, and the	t deat	h accurred as :0	5Mpfrom	the causes an	d on th	e date	stated	above
	22a. SIGNATURE				ATTENIONE I					22	B. DATE
	Y [h 4	wifth com		M.D.	PHYS. D	RECTOR .	STAFF PHYS. S	ept	18,	1960	
	22c. PHYSICIAN'S NAME (Type)		Service Contract		22d. ADDRESS						
	TVANTE (Type)	Til Bergman			Hyattsy	ille	Md.				
230	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CR			TION (City, tawn,	ar county)		(Stat	e)
	REMOVAL (Specify)		Fort Linco			Colm					
24	FUNERAL DIRECTOR		ADDRESS	T. 11 .		D BY REGIS			IGNATU	RE	
		s Sons Hyatts				P 1 9 '6		79 8			



necessary, please exerger. Poge 4 shauld be

Give Pages 1, 2, and 3 ta the funeral off A3. Page 5 may be retained for your fit, it. File pages 1 and 2 with the registrar pr

executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1069 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10641

Pag Dist No

	T00%%	
(NA)	1. PLACE OF DEATH o. COUNTY Trunce Her)
IVI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give incorest town)	C.
000	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital

			reg. Div. 110.	
	0/		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
(-	ALO	MARYLAND	o. STATE MA 6. COUNTY Pr Set	l
	I. man	LEADONI OF STANIAL TI	CITY OF TOWN OF A CANADA AND A CONTRACT OF A CANADA AND A	ı

DO A	c. CITY OR TOWN (If outside corporate limits, write RURA
give street oddress)	d. STREET ADDRESS 4639 LACY au

e. IS RESIDENCE ON A FARM?
YES NO A

7 - 7	- Jina		17001			1
3. NAME OF DECEASED (Type or print)	First, VILHELM	INA SO	11 0	DATE Monil OF DEATH Seps	Doy 2 3	Year 19 6-0
5. SEX	6. COLOR OR RACE 7. MARR	IED TO NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	IF UNDER TYEAR	IF UNDER 24 HRS
F	// WIDOW		June 1 190	lost birthdoy) yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or f	areign country)	12. CITIZEN OF	WHAT COUNTRY
Hous	unte		mary		4151	
13. FATHER'S NAME	10		14. MOTHER'S MAIDEN NAM	E		
Gene	Schoon	ol	E. Ola . 2	mal de	son	

George Schlor	cel	Ella	, Dona	edson	
15. WAS DECEASED EYER IN U. S. ARMED FORCES? [Yes, no, or unknown] (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	LILLIAN a	Sweene	Address UG4	Had ,
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	\d	. /	1	INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSE IMMEDIATE CA	D 8Y: NUSE (o)	Chronan	Thronkeris
43010	OT 3UC	0 1-	. 11 ~ 1 .
Conditions, if any, which)	(b)_	Congestine	Hent farline

, _ /	11	. , , ,		U	
Ance	Her	I fan	lue		5 years
,					9
0/1		(1 1/ 1	Olar-	- 0	G 1111

(a), stating the underlying couse lost.		Thehen	Vinsine	du	Dising	2 5 year
PART II. OTHER SIGNIFIC	ANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMIN	ALDISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?

20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

20g. EXTERNA PRIMARY 0 CAUSE OF DE	PART II. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN		P. WAS AUTOPSY PERFORMED?
	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	0b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Hour a. m.	20d. INJURY OCCURRED While Not white of work of work	(County)	(State)
	21 Leastifus that I took char	of the remains described above held an Autonom D. Incombine P.	1	1.01 1.41

21. I certify that I ta	ak charge af the rem	ains described	above, held	an Autapsy [],	Inspection Z,	Inquiry X,	and find that
death resulted from:	Natural causes N.	Accident,	Suicide,	Homicide,	Undetermined co	ouse [].	

death resulted from:	Natural causes ,	Accident [],	Suicide,	Homicide [],	Undetermined cause .	
ACTUAL DA	1 tank on	ralter	CHIE	F MEDICAL EXAMINE	R C	DATE SIGNED

10	gradus.	ASSISTANT MEDICAL EXAMINER		
EXAMINER'S DAYTONO	WATKINS	DEPUTY MEDICAL EXAMINER	9-23	Tex

220. BURIAL, CREMATION, 226. DAT	TE THEREOF 22c. N	AME OF CEMETERY OR CREM	ATORY 22d. LO	OCATION (City, lown, or count	y) (State)
REMOVAL (Specify) 9-	26-60 7	nt. Olive	t 2	WAShinesT	m Do
23. FUNERAL DIRECTOR'S SIGNATUR	E A	DORESS Hope P	A CF 240. REC'D 8Y RE		
Denimons Bre	D. 1661W	A 5h 20 10	DATE SEP 2	6 '60 arthur	S. Krous

VS. A15ME(5) 5M 9/55

or remayal

cute the ficate, writing the ward "pending" in pencit in Item 18. Gir farwarded to the Chief Medical Examiner's Office along with farm PM3. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

REDICAL EXAMINER: This certificate should be

TO DEPUTY

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerol director, of TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerol director, of TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerol director. Page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematal, or remayal, and in ony event within 72 hapris after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10668

CERTIFICATE OF DEATH

10642

10000	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Pro George's
0	
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Berwyn Heights Md.	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Berwyn Heights Md
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 6205 Pontiac St	d. STREET ADDRESS 6205 Pontiac St 6. IS RESIDENCE ON A FARM? YES IN NO DO
0205 Fontiac St	VES NO
3. NAME OF First Middle (Type or print) Joseph Stanley Stogd	Last A. DATE Month Day Year OF DEATH Sept 17, 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
male white widowed Divorced	April 9, 1885 75 yrs. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist U S Gov't	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Stogdale	Elizabeth Ann Barrett
	INFORMANT Address
IVes an extrahance to the second	mie Neale West Hyattsville Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ma feer 17 T) ONSET AND DEATH
IMMEDIATE CAUSE (o)	1 1
Conditions, if ony, which gove rise to immediate (b)	
cause (a), stating the under-	
lying cause lost. (c)	<u> </u>
FAITH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	ED. (Enter noture of injury in Part I or Port II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mhile Nat while of work o	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) colory, street, affice bldg., etc.)
	1000 1000 10 Telet 1000 11 11 11 11 11 11 11 11 11 11 11 1
21. I certify that attended the deceased fram.	h accurred at 12 5 M, from the causes and an the date stated above
$H' \cap \Omega$	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE Stance Wellse	M.D. 6607 RIVERDALE RO, RIVERDALLE, MD.
PHYSICIAN'S COVIAMES DUKE	
220. BURIAL, CREMATION, REMOVAL (Specify)	
Burial Sept 20, 1960 Washington 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
F. Gasch's Sons Hvattsville Md.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
dasch s vons fivattsville Md.	DATE CCD 2 0 ICO

1650, 200				Prince more	
	the districted account			.N. AZULI	as me
	of a military is				
,		51 - 149971	L televis,		
				F 2.54	ales de
				down in 128	
	January and and Ministraction Justice				
per the period of					
	. id has id Los				
				cy) america.	

e. IS RESIDENCE

ON A FARM?

YES NO TH

Year

19 60

Haurs

INTERVAL BETWEEN ONSET AND DEATH

months

PERFORMED?

YES IN NO

, that (1) (we) last

(State)

22b DATE

60

SIGNED

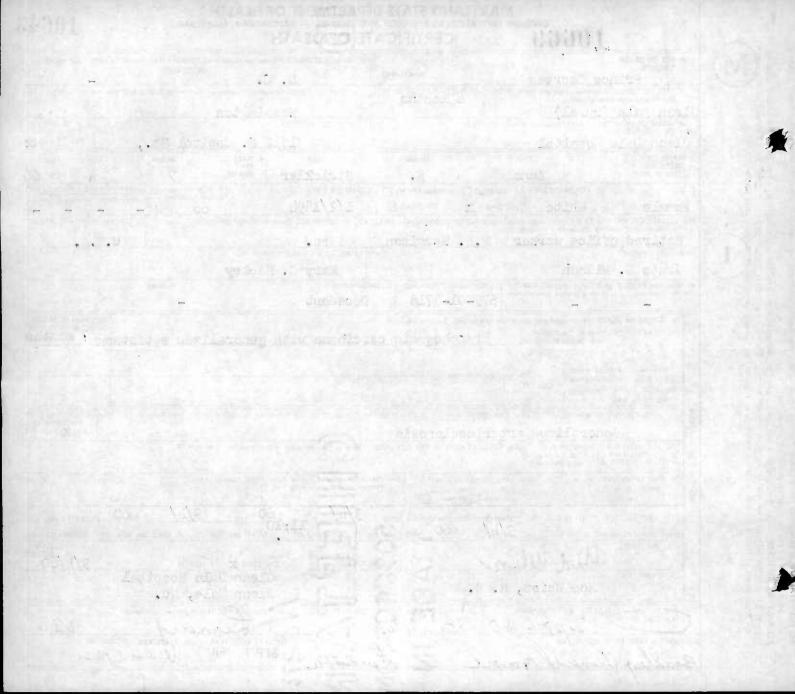
(Stote)

Days

U.S.A.

1SM 9/S9

10669 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest town) enn Dale (rural Washington d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Glenn Dale Hospital 1812 N. Capitol NAME OF First 4. DATE Middle Lost Month DECEASED (Type or print) Strickler DEATH Anna E. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Female White WIDOWED TO DIVORCED [66 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if relired) Retired office worker W.B. Harrison Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James S. Wilson Mary C. Mackey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 579-01-8718 Decedent CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY Bronchogenic carcinoma with generalized metastage IMMEDIATE CAUSE (a) DUE TO Conditions, if ony which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Generalized arteriosclerosis 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour o. m While Nat while at work at work 21. I certify that (I) (this haspital) attended the deceased fram. 1960 saw the deceased alive an , and that death accurred at P.M. from the causes and an the date stated above. 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR X M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M. D. Glenn Dale, Md. BURTAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify **ADDRESS** 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chilling & Kraus

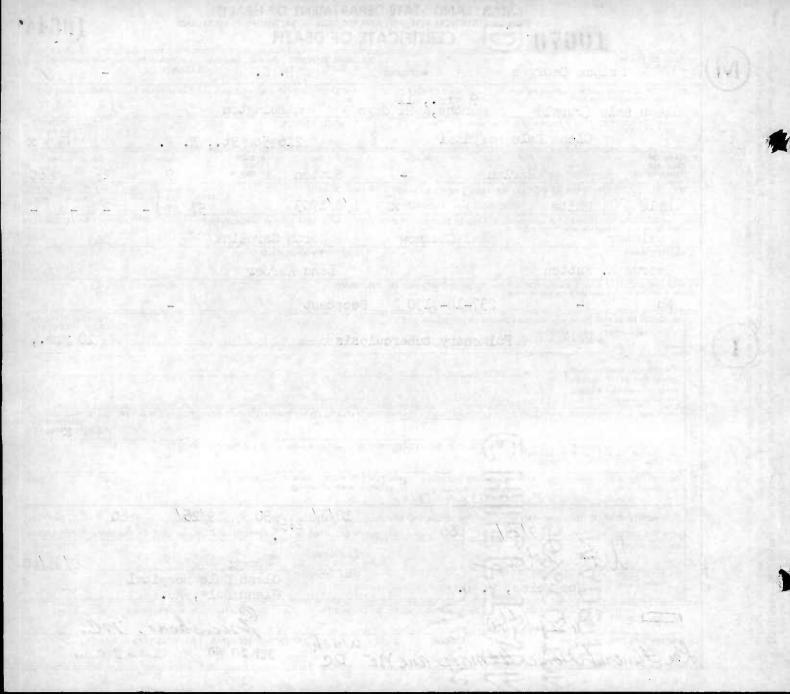


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10644

1. PLACE OF DEATH a. COUNTY Pr	ince Georg	es	MAR	YLAND	2. USUAL RESI	DENCE (WI		lived. If institu b. COUNT		dence before	e admiss	ion)
RURAL and give no	outside corporate lime earest town) e (rural)	its, write	c. LENGTH OF STAN		c. CITY OR		outside corpor	ate limits, write	RURAL ar	nd give near	rest town	23
	TAL (If nat in haspital, g	give street			d. STREET A						. IS RES	
OK 1143111011014	Glenn Da	le Ho	spital			216	5th St	. N. E				FARM?
3. NAME OF DECEASED (Type or print)	Fii H	arlan	Middl	e	Sutt	st	4. DATE OF DEATH		onth	Doy 25		Year 19 60
S. SEX			RIED NEVER MARR	IED 🖂	8. DATE OF BIRT			9. AGE (In year		DER 1 YEAR		
Male	White	WIDOW			4/6/19		VII W	last birthday	Month	s Days	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind af wark	dane 10b.		-	-1/		ar foreign co		1 =	CITIZEN OF	WHATC	OUNTRY
painter	king life, even if retired		aul Chudno	W	No	rth C	arolin	a		USA		
13. FATHER'S NAME					14. MOTHER'S				200	Cour		
George R	. Sutton				Lur	a Har	der					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	O. 17. II	NFORMANT	2201		Ac	Idress	1-4		
(Yes, no, or unknown) No	(If yes, give wor or dates of s	-	37-14-8130		Deceder	t		-				
Conditions, if a gave rise to i cause (a), stating lying cause last. PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	ny, which (b)	Monary tub			O THE TERM	INAL DISEASE	CONDITION	IVEN IN P		PERFO	
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Month, Day, Ye	12.5	CRIBE HOW INJURY (NJURY OCCURRED Nat while	20e. PL	D. (Enter nature of ACE OF INJURY (ctory, street, office	Home, farm	n, 20f. (City			(County)		(State)
21. I certify that saw the decease	19 at (I) (this hospital sed alive on 4 9	at war	k at work a		10/ls/					60, the	, , ,	
22a. SIGNATURE	we We	in			M.D. ATTENDIN PHYS.	G M	ED.	STAFF PHYS.				SIGNED
NAME (Type)	Moe Wei:	ss, M	I. D.			u		ale Hos		L 		
23a. BURIAL CREMATIO	26 Sept	160	23c. NAME OF CEA	AETERY C	R CREMATORY		23d OCAT	Casta	or count	no	(State	e)
24. EUNERAL DIRECTOR	s SIGNATURE	4	Mass au	en	E DC		D BY REGISTI	2Sb. REG	CISTRÁR'S	SIGNATURI	E	

VR A1S (4) 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH 1 (16.2.3 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

•	20010	CERTITIC	AIL	OI DEAI	• •						
1. PLACE OF DEATH o. COUNTY Prince	eorge	MARYLAN		Maryland		l lived. If institution of Geography	on: Residence befo	ore admission)			
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, v nearest town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Cheverly		10 Days		College F		/ 3					
d. NAME OF HOSPI	ITAL (If nat in hospital, give	street oddress)	d	. STREET ADDRESS				e. IS RESIDENCE ON A FARM?			
Prince Ge	orge General	Hospital		9027 L8t	h Place			YES NO			
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Mon		lay Yeor			
(Type or print)	Louise	Seal		Thomas	DEATH	Sept		- 1, 0			
5. SEX Female	7 m. 3 J	MARRIED NEVER MARRIED	3 1	= 25-99		9. AGE (In years lost birthdoy) 61 yrs.	Months Days	R IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATI	ON (Give kind of work done	e 10b. KIND OF BUSINESS OR IT	NDUSTRY 1	1. BIRTHPLACE (St	ote or foreign co		12. CITIZEN O	F WHAT COUNTR			
	rking life, even if retired)	own Home		Virgin	ia		US	A			
3. FATHER'S NAME	JW 110	01/12	14.	MOTHER'S MAIDE							
Char	rles Seal				a Holla	nd					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	7. INFORM	ANT		Addr	ress				
[Yes, no, or unknown)	(If yes, give war ar dates of service		C. E.	homas	Jr Bel	tsville	Md.				
18. CAUSE OF DE	ATH [Enter only one couse	per line for (o), (b), and (c).]					INT	TERVAL BETWEEN			
	ATH WAS CAUSED BY:	1 - 4' CX	2	~ /			ON	ISET AND DEATH			
1115	IMMEDIATE CAUSE (o)	wive si	me	1212				- dens			
1	DUE TO	1, +	1 .	-4.4	11 /	0'		5			
Conditions, if gove rise to	(0)	average	leb	rotic 1	Heust	Pare C.	The state of the s	Jen			
	couse (o), stoting the <u>under-</u>										
lying couse lost.	, (0)-										
PART II. OT	HER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH	BUT NOT F	RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPS' PERFORMED?			
3 /200	richal	Provenu	orni	a 10	dun	(Recoun	anns)	YES NO			
OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	JRRED. (Ent	er noture of injury	in Port For Port	II of item 18.)					
				F INJURY (Home, f		or town)	(County)	r) (Stot			
Hour o.m.		While Not while of work of work	roctory, s	treet, office bldg.,	erc.)						
	at (I) (this haspital) c	attended the deceased from	nm		1.9 , to		-19 ti	hat (I) (we) la			
The second second	sed alive an	19, and th		accurred of	15 P.M.	the causes an		e stated abave			
220. SIGNATURE	isca anve an					ine caoses an	d dir me dare	22b. DATE			
- 1	co B. Mu	M.D.	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 9-12-66								
22c. PHYSICIAN'S NAME (Type)	Waldo B. Mo	vers M.D		ADDRESS 35	03 Perr Raini	or, Md.					
	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER				ION (City, town, our Manor	or county)	(Stote)			
REMOVAL (Specify Burial	9/15/60	Ft Lincoln	Cem	eterv	Colma	r Manor	, Md.				
24. FUNERAL DIRECTO		ADDRESS	- VEIII		EC'D BY REGIST	RAR 25b. REGIS	STRAR'S SIGNATU	JRE			
F. Gasch	's Sons Hya	ttsville, Md.		DATE	SEP 1 6 '60	Cal	Chur & Krau	A.			
						4000	The second second				

wrs after death. Page 4 2 should be Filed with the funeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 himpy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 at the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

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S io		10624 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 10646
Stemot Cremot		PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) b. COUNTY B. COUNTY D. COUNT
Page burial		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) Checkery DOA Capatal Headts
prior p	9	on A FARM? OF HOSPITAL OR INSTITUTION (If not in hospital give street address) On A STREET ADDRESS On A FARM? YES NOTE: N
r yaur fregistra		NAME OF DECEASED (Type or print) FRED JAMES THOMPSON SEATH SUPT 25 1960
in the fair the		6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED DIVORCED DIVORCED VIEW 14 1902 5 yrs. Months Days Hours Min.
be reta		0a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. (BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? And The Country of the country o
5 may ages 1		13. FATHER'S NAME/ 14. MOTHER'S MAIDEN, NAME 14. MOTHER'S MAIDEN, NAME 15. FATHER'S MAIDEN, NAME 16. FATHER'S MAIDEN, NAME 17. MOTHER'S MAIDEN, NAME 17. MOTHER'S MAIDEN, NAME 18. MOTHER'S MAIDEN, NAME 18. MOTHER'S MAIDEN, NAME 19. MOTHER'S MAIDEN, NAME 1
Poge Poge	\	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6/38 Lingstal (If yes, give wor or dates of service) 579-14-9544 LILLIAN Thompson Capital Hts
Per Paris	1	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONCE STUDE TO SET AND DEATH DISTRIPLY
vith fo		Canditions, if any, which (b) arthrivscleration Kent
n penci a burio		gave rise to immediate cause (a), stating the underlying cause last. (c) Clusies
sed as		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO SET II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO.
rd 'per cominer uld be		20b. DESCRIBE NOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20b. DESCRIBE NOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)
dical Es		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) While Not while at work at work at work
writing hief Me OR: Pag		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry and find that death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined couse
Vificote, To the OIRECT		ACTUAL SIGNATURE DOWN OWALKINS M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
orwarded orwarded FUNERAL ir removal.		EXAMINER'S DAYTON O WATKINS DEPUTY MEDICAL EXAMINER & 2-25-60
forwar and a second		22c. NAME OF CEMETERY OR CHEMETERY OF CHEMETERY OR CHEMETERY DESCRIPTION (City, town, or county) 22d. LOCATION (City, town, or county) Washington D. C.
5. A15ME(5) 5M 9/55		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Casch's Sons Hyattsville, Md. 240. REC'D BY REGISTRAR'S SIGNATURE DATE 244. REGISTRAR'S SIGNATURE Cultura 2. Trans.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10647

10625 CERTIFICATE OF DEATH														
1. PLACE OF DEATH o. COUNTY Prince George MARYLAND							2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Prince George							
b. CITY RUR C		autside corporate limits		c. LENGTH OF		4	CITY OR TO		utside carpo	orate limits, write	-	_	arest taw	n)
d. NA/ OR	ME OF HOSPITA	George Ger	e street oo	Hospita	al		STREET ADI		on St	• 3			ON	SIDENCE A FARM?
B. NAME DECEA (Type o	OF SED or print)	<u> Tillie First</u>	Jai	ne M	hiddle .	Tur	ner lost		4. DATE OF DEATH	Sep	enth •	3°	у	Year 6
s. SEX	male		7. MARRIE	DIVE	AARRIED	B. DATE	of BIRTH	17		9. AGE (In year lost birthday		ER I YEAR Days	Hours	Min.
durin	AL OCCUPATIOn most of working to the constant of the constant	N (Give kind af wark do ng life, even if retired) fe		wn home		STRY 11	Alaba		or foreign o	ountry)		J S A		COUNTR
3. FATHE	R'S NAME Ge	orge Kelly				14. A	MOTHER'S M			tewart				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Ves. no. or unknown] (If yes. give wor or dates of service) no none James Alton Turner Brentwood, Md.														
gov	PART 1. DEAT nditions, if an re rise to im se (a), stating to g couse last.	mediate (DUE TO	Phoc							primary t tonsil			2 ho	onth:
CERTIFICATION OB CO (IF EI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Atrophic portal cirrhosis YES X NO													
WEDICAL 20c. T	TME OF INJURY Haur o. m. p. m.	Month, Day, Year	20d. INJ While of wark	Nat while at wark	D 20e. PL/	ACE OF	INJURY (Ho reet, office b	ome, farm. oldg., etc.	20f. (Cit)	y ar tawn)	20/	(Caunty)		(Sta
saw	21. I certify that (I) (this haspital) attended the deceased from the law 1960, and that death accurred at 1960, from the causes and an the date stated above													
220. SIGNATURE 64 Jeyenn Com M.D. ATTENDING MED. PHYS. DIRECTOR PHYS. D										2.	2b. DATE SIGNI			
1	PHYSICIAN'S NAME (Type)			an, M.D.			2d. ADDRES	· • • • • • • • • • • • • • • • • • • •	Kota	Cen 9	H.	Md.	√i]i	e,
rans	portati	on 9/6/60			CEMETERY O	R CREM	Harry .	Y	Ala	TION (City, town			(Sto	ote)
	RAL DIRECTOR'S		Iyatt	ADDRESS	, Md.			DATE	9 '60			SIGNATU.		

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CERTIFICATE OF DEATH

Reg. Dist. No.

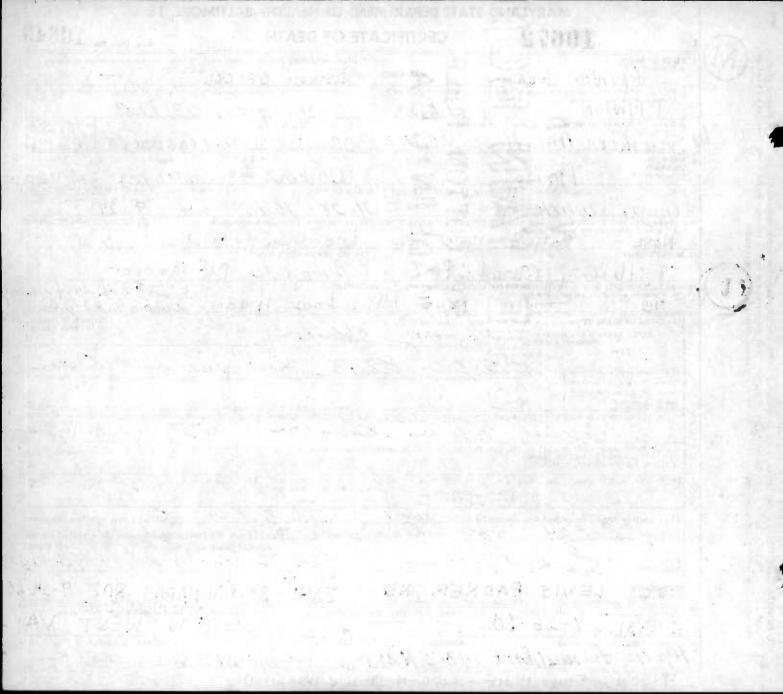
o. COUNTY						
	DEATH			2. USUAL RESIDENCE (Where decea	Sh COLINITY A	before admission)
Andread of the Control of the Contro	GEORGES	A 12 24 24	MARYLAND	DISTRICT OF COLUM	BIA)	16/
RURAL a	TOWN (If outside corp nd give neorest town)	\		c. CITY OR TOWN (If outside cor	porote limits, write RURAL and give	a nearest town)
	PRINGS(RUR		84 DAYS	WASHINGTON DC	22	
OR INST			r oddress)	d. STREET ADDRESS	, /	e. IS RESIDENCE ON A FARM?
	HOSPITAL AN			3320 OAK GLEN WAY		YES NO
NAME OF DECEASED (Type or pri	int)	ROBERT	T HENR	Y REELAND 4. DATE OF DEAT		8 19 60
. SEX	6. COLOR	OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	1 1 1 1 1 1	YEAR IF UNDER 24 HRS.
MALE	CAUCA	ISIAN WIDOW	VED DIVORCED	6 teb 1884	76 yrs. Months D	ays Hours Min.
Oduring mo	CCUPATION (Give kind ost of working tire, even	d of work done 10b	LUMBINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote or foreign	acountry) 12. CITIZE 12. CITIZE	1.5. A.
3. FATHER'S N	NAME /	11		14. MOTHER'S MAIDEN NAME	2	
KOBE	RT HEN	VRY VI	REELAND	JENNIE 16	PARRETT	
5. WAS DEGE Yes, no. og unkno	ASED EVER IN U. S. AF	BMED FORCES? 16	18-05-6388 M	INFORMANT RS. EMMA VAEELAS	ND-R.D #1-	TROY PA.
18. CAUS	E OF DEATH [Enter o	only one couse per l	line for (o), (b), ond (c).]	. 0		INTERVAL BETWEEN
PA	RT I. DEATH WAS CAU		Bronchis &	emi Carcin	ung	ONSET AND DEATH
111	IMMEDIATE	DUE TO				
Conditi	ons, if ony, which)	(b)				
	ise to immediate (DUE TO				
lying co		(c)				
PA	RT II. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
						YES NO
5			SCRIBE HOW INJURY OCCURE	ED 45	1. It f (s. 10.)	
	DENT WAS UNDERLYIN RIBUTING CAUSE O , NOTIFY MEDICAL EX	OF DEATH	Jemse How I work occom	ED. (Enter nature of injury in Part I or P	orf [] of item [B.]	
	RIBUTING CAUSE O	Doy, Year 20d.	INJURY OCCURRED 20e. F	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)		unty) (Stote)
20c. TIME	RIBUTING CAUSE OF NOTIFY MEDICAL EXPORT MEDICAL EXPORT MONTH,	Doy, Year 20d. While of wo	INJURY OCCURRED e Not while of work	LACE OF INJURY (Home, form, 20f. (Coclory, street, office bldg., etc.)	ity or town) (Cou	
20c. TIME	RIBUTING CAUSE C, NOTIFY MEDICAL EX, OF INJURY Month, r o. m. p. m.	Doy, Year 20d. While of wo	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (Coctory, street, office bldg., etc.)	ity or town) (Cou	saw the deceased
20c. TIME House	RIBUTING CAUSE C, NOTIFY MEDICAL EX, OF INJURY Month, r o. m. p. m.	Doy, Year 20d. While of wo	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (Coctory, street, office bldg., etc.)	ity or town) (Cou	saw the deceased
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20c. TIME House	RIBUTING CAUSE CO, NOTIFY MEDICAL EX. OF INJURY Month, r o. m. p. m. Prtify that I attend	Doy, Year 20d. While of wo	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (Coctory, street, office bldg., etc.) 19 G ta Address	ity or town) (Cou	saw the deceased date stated abave. DATE SIGNED
20c. TIME House 21. I ce alive ar ACTUAL SIGNATUS PHYSICIAI	RIBUTING CAUSE CO, NOTIFY MEDICAL EX. OF INJURY Month, r o. m. p. m. Prtify that I attend	Doy, Year 20d. 19 While of wo	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (Colory, street, office bldg., etc.) 20	ity or town) (Cou	saw the deceased date stated abave. DATE SIGNED
21. I ce alive ar ACTUAL SIGNATUS PHYSICIAI NAME (Ty	RIBUTING CAUSE CO, NOTIFY MEDICAL EX. OF INJURY Month, r o. m. p. m. Priffy that I attendal RE N'S AIBERT D	Doy, Year 20d. 19 While of wo	INJURY OCCURRED Not while ork of work seed fram. 65	h accurred at 1 AM, fran ADDREWS AIR FO	ity or town) (Cook That I last in the causes and an the course, city or town, state) ANDREWS 8 SE	saw the deceased date stated abave. DATE SIGNED

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur, offer death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in C, the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registror prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
3 E (A A	10672 CERTIFICATE OF DEATH Reg. Dis	1. No. 10649
filed with	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE and DISTRICT OF COLD) COUNTY	e befare admission)
uld be f	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAT) and give negarest town) 1 N TO N 14 days 10 COLTY OR TOWN (If outside corporate limits, write RURAL and get a composite limits and get a composite limits and get a composite limits and get a composite limits.	ive nearest tawn)
180 081	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION SOUTHERN Md. HOSP. Center 3000 Parkway Terrace 2	e. IS RESIDENCE ON A FARM? YES NO
ris. Pages 1 or	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE MARRIED DIVORCED 1/-28-1875 4. DATE OF Month OF DEATH SUPENBURY MONTH SUPENBURY MONTH MONTHS MONTH SUPENBURY MONTH SUPENBU	Poys Hours Min.
and com bon pape or death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 112. CITIZ during most of working life, even if reliced) 12. CITIZ DURING THE WORK SVILLE W. Va. 13. FATHER'S NAME	CEN OF WHAT COUNTRY?
Physicion Conference C	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 3600 Pa.	- rkwayternaci
offending n pleaser t within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULLINEMANY Column	INTERVAL BETWEEN ONSET AND DEATH
igned by the permit. The in any event	Conditions, if ony, which gave rise to immediate couse (o), stoting the under-	Dyreix
nas peen s riagransit naval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART CESS Contribution of the condition	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
thicate the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
this cer ir use as rematia	20c. TIME OF INJURY Manth, Day, Year Haur o. m. 19 20d. INJURY OCCURRED While Not while of work of wor	aunty) (State)
ECTOR: After be detached fa or ta burial, a	21. I certify that I attended the deceased fram. 1957, to	at saw the deceased date stated abave. DATE SIGNED
INERAL DIR	PHYSICIAN'S LEWIS PARKER, ND. 5241-ST. BARNABAS R	D. 9-24-6
Page 3 the regi	220. BURIAL, GREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION CHY, John, or county) 23d. FUNDANCE SPECIAL CONTROL OF COUNTY 23d. FUNDANCE SPECIAL CONTROL OF COUNTY 23d. FUNDANCE SPECIAL CONTROL OF COUNTY 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ST (Stote) A
15 (4) 9/58		illus S. Kroug



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V		PLACE OF DEATH O. COUNTY	A MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	e before admission)
	-	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and gi	ve nearest town)
		d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION	et address)	d. STREET ADDRESS	Street	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	Sept 28	Doy Year 1960
	5. 5		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 2 17-1892	1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
		a. USUAL OCCUPATION (Give kind of wark done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	maryland	country) 12. CITIZ	ZEN OF WHAT COUNTRY?
	13.	STHER'S'NAME	and	14. MOTHER'S MAIDEN NAME	homes	
	15. (Yes	MAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. 11	lois Roland	Address A	ab Pount
		1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).] CUTE CORONARY	OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH ONE DAY
		Canditians, if any, which) (b) A	RTERIOSCLEROT	TIC HEART DISEAS	SE	YEARS
		gave rise to immediate cause (a), stating the <u>under-</u>	RTERIOSCLEROT			YEARS
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Pa	rt II of item 1B.)	
	MEDICAL	Hour o. m. Whil		ACE OF INJURY (Hame, form, 20f. (Citary, street, office bldg., etc.)	y or town) (Co	ounty) (Stole)
		21. I certify that I attended the decedative on SEPT 28th 19		th, 1960, to SEPT. accurred at 7:40A M, fro		
		ACTUAL Paul Chi			itreet, city or town, state)	DATE SIGNED
		PHYSICIAN'S PAUL CHEN, M.	. D.			
	220.	D. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF GEMETERY O	R CREMATORY 224 LOCA	TION (City, town, por county)	(Stote)
1	23.	FUNTERAL DIRECTOR'S SIGNATURE	Le Wash	240. REC'D BY REGIS DATE SEP 2 9	TRAR 246. REGISTRAR'S SIGI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be ref. by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban-papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITA VR A15 (4) 15M 9/59

	10626		CERTIF	ICATE	OF DEATH	1		3	16001
1. PLACE OF DEATH o. COUNTY Prince	George	41	MARY	- 1	USUAL RESIDENCE (WO. STATE		ed. If institution: R b. COUNTY	esidence before	admission)
b. CITY OR TOWN (If RURAL and give ne Chever:		ts, write c.	LENGTH OF STAY	2	c. CITY OR TOWN (IF	autside corporate		and give neares	st town)
OR INSTITUTION	AL (If not in hospital, gorge Genera				d. STREET ADDRESS 7801 Gler	nside Dri	ive		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lawrence	st	L Middle	We	edding	4. DATE OF DEATH	Sept	9 Day	Year 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED [7-5-0 3			INDER 1 YEAR IF	UNDER 24 HRS. Hours Min.
1 - 1 - 1 -	N (Give kind of wark of ing life, even if retired)	dane 10b. KIN	einter		11. BIRTHPLACE (Stote	or foreign country	7)	2. CITIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME	leam	We	dding	1	I. MOTHER'S MAIDENY	Mary	Bor	vie.	
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S, ARMED FOR If yes, give wor or dates of st		CIAL SECURITY NG	M. INFOR	ery 14) e del	Address	1 Ala	usede
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	My	or (o), (b), and (c).	-	OFARCTY OF)		ONSET	AL BETWEEN AND DEATH
Conditions, if or gove rise to in	n mediate !	A)	NARY	THRO	HBCS15			1-2	HOURS
lying couse lost.	the under- Con	ARTI	FRIOSOLE		HEART	DISEAS	F		(Now N
ICATIO									PERFORMED?
		206. DESCRIB	E HOW INJURY OF	CCURRED. (Er	nter noture of injury in	Part I or Part II o	of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Yea	While of wark	Not while	20e. PLACE of foctory,	OF INJURY (Hame, fari street, office bldg., et	m, 20f. (City ar	tawn)	(Caunty)	(State)
21. I certify that	t (1) (this haspital	y attended			h accurred at 6				(I) (we) last
220. SIGNATURE	Lawy	Olu	he	M.D.	ATTENDING PHYS.	AED.	STAFF PHYS.	<	726. DATE 919160
22c. PHYSICIAN'S NAME (Type)	r. C. Jame		, M.D.		22d. ADDRESS 000	verdale,		,	
23a BURIAL CREMATION REMOVAL (Specify)	9-12-	60 Z	JOHN OF CEME	lenc	EMATORY	Blase	(City, town, or con	unty)	(Stote)
DEAL FU	S SIGNATURE NEKAL HO	ME 48	812 Ga A	ve Nu	250. REC	BEP 15 6		'S SIGNATURE	*

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Circling S. Frank

		10627		CERTIF	ICATE	OF DEA	TH				10	UUA
1.	PLACE OF DEATH O. COUNTY Prince	George's		MARY		o. STATE ME	E (Where dec				efare admissio George	
	b. CITY OR TOWN (II RURAL and give ne Cheve		ts, write	c. LENGTH OF STAY	100	c. CITY OR TOWN	of the state of th		nits, write RUI	RAL ond give	nearest town)	
	OR INSTITUTION	George S			al	d. STREET ADDRE	centra	al Ave	nue		e. IS RESID ON A F YES	ARM?
	NAME OF DECEASED (Type or print)	Fir Mar	st	Middle Rebec	cca	Lost Well	4. DA OF DE	ATH	Sept			60
5. 9	Female	6. COLOR OR RACE White	7. MARR	DIVORCE	_ A	ATE OF BIRTH	1880	9. AGI		Manths Day	AR IF UNDER	24 HRS. Min.
10a	during most of work Housewi	N (Give kind af wark on the life, even if refired of the life, even if refired of the life)	kind of Business of Wn Home	R INDUSTRY	11. BIRTHPLACE		gn country)			OF WHAT CO	
	44.4	R. Nicho				Mary						
		IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO	Mrs Mrs	3.6	Alle	-		Stre	D. C	4
		nmediate ()	EREBRA	AL T				·DISE	C	NTERVAL BETY NSET AND C	DEATH
FICATION		ER SIGNIFICANT CON		Sinch.					1.0	N IN PART 1(c	19. WAS AI PERFOR YES [MED?
L CERTIF	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY O				r Part II of 1	fem 18.)	76		
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Month, Day, Ye	ar 20d. It While at warl	Nat while of wark		OF INJURY (Hame , street, office bldg	j., etc.)	(City ar taw	rn)	(Caur	ity)	(State)
	21. I certify that saw the deceas 220. SIGNATURE	t (1) (this haspital ed alive an 1	1) attend - 13	10	Hulli-	th accurred a	0:15 p	STA	FF _		22b.	
	22c. PHYSICIAN'S NAME (Type)	Max M. He	rzbe	rg	M.D	22d. ADDRESS	rince	e Geo	rges		Hosp	Ita.
	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREC	OF .	23c. NAME OF CEM	ETERY OR CI				City, town, or		(Stote)	

DATE

the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death TO HOSPITA VR A15 (4) 15M 9/59

Ritchie Bros. Fun'l Home-Upper Marlboro

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INTERVAL BETWEEN

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	DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director,	wild be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with		V	ハント
	letely filled in	s. Pages 1 or	iffer death.	I	\
	an and camp	carbon poper	nin 72 havrs a		-30-60
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	by the off	. Then p	I, and in		by I
by the hospital ar ottending physician.	te has been signed t	burial-transit permit	remation, or remava		notified and approved by phone-9-30-60/
ar offend	s certifica	ise as the	buriol, c		and
by the hospital ar ottending physician.	DIRECTOR: After thi	uld be detached for u	and of Health prior to		notified

0 22E. PHYSICIAN'S may be reference TO FUNERAL page 3 shout the State Bo 0 ON REMOVAL (Specify) 8 0

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VR A15 (4)

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Funeral Home Washington D.C.

25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR arthur S. Kraus DATE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Pr. George MARYLAND Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) District Heights District Heights e. IS RESTDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION 5500 - Parkland Court Residence YES NO 4. DATE OF DEATH Sept. 30th. 1960 NAME OF Middle DECEASED BERTRAND (Type or print) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH last birthdoy) Months Days Hours 1894 Male White WIDOWED | DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? GOV no working life even if retired) U.S.A. Lacetville Pa. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Minanda Mover John C. Whitney 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Miss Sadie Whitney-5500 Parkland Ct.S.E. No. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: () mins **DUE TO** Canditians, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (County) Doy. Year factory, street, office blda, etc.) Hour o. m. While Not while ot wark at work p. m 19 90 that (1) (me) last 1250,10 21. I certify that (I) (this hospital) attended the deceased from. Go and that death accurred as whom the causes and an the date stated above. saw the deceased alive an 22b, DATE 22a, SIGNAJURE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR [M.D. 22d. ADDRESS 7400- Marlboro. Mike District Hghts. Mc NAME (Type) Kelvin L. Minchin 23q BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) Laceyville Cem. Lacevville, Pa. 24. FUNERAL DIRECTOR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE Marvland b. COUNTY Pr	
b. CITY OR TOWN (If outside carporate limits, write District ligts.	c. CITY OR TOWN (If outside corporate limits, write RURAL and 7121 - Cabot St/	0 0
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) 7121 abot St.	d. STREET ADDRESS District Hgts.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) NELLIE Middle B.	WINCHESTER 4. DATE OF Sept. 18,	1960 Year
Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF BIRTH May 21, 1888 9. AGE (In years lost birthdoy) 72 yrs. Months	R 1 YEAR IF UNDER 24 HR Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. 8IRTHPLACE (Stote or foreign country) 12.CIT	U.S.
3. FATHER'S NAME Marriott	14. MOTHER'S MAIDEN NAME unknown	
Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address ames W Winchester- same as	above
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and, (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO	sufficientes	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the under-lying cause last. Condition Condition Contributing to Death But	IT NOT BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BA	PT I(a) 19 WAS ALITOP
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH SO	NOT RECEIVED TO THE TERMINAL DISEASE CONDITION GIVEN IN TA	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)	
	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	(County) (Sto
21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an Sept 17 1960, and that	death accurred at 2 P.M., from the causes and an the	60 that (I) (we) lone date stated above
22a. STGNATURE Source	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGN
NAME (Type) AR BOWIE	30 Court a	ue u s
236. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY Cedar H	ill Suitland, Md.	
Lee Funeral Home- Washington D.	C. 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S S	

the attending physician and campletely filled in Extra funeral directar. Then please remave carban papers. Pages 1 and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. may be retemal by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL

VR A15 (4) 1SM 9/59

er death. Page 4

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